



STRENGTHENING CONSERVATION CAPACITY TRAINING/COURSE FEEDBACK FORM

Please provide comments and any necessary input where applicable and submit directly to the Project Coordinator. *Your honest feedback will assist us to improve the training.*

Course/Module Name	
Trainer/Instructor	
Student Name	
Date	

1. What is your over all rating for the training course? *(Please tick the appropriate box)*

Excellent	
Very Good	
Good	
Not Good enough	

2. **If the training course was not to your expectation** please state the reason as to why it was not to your expectation. Also state how we could improve the training course? *(Please write your answers in bullet points in the box provided, you can write on a separate sheet if necessary)*

REASONS WHY THE COURSE DID NOT MEET MY EXPECTATION

HOW TO IMPROVE THE COURSE

3. Where there any gap(s) or overlap(s) in the flow of training information?

State here (in bullet point) where you found the **overlap** in the flow of training information.

State here (in bullet point) where you found the **gaps** in the flow of information; if necessary or possible supplement any information that you would like us to consider inserting into the existing training document.

4A. Please list the things you like (a) or (b) dislike about the way the training was structured and conducted?

4B. Are there any suggestion on how we could improve the way we structure and conduct the training?

5. Any other comments, suggestions or input that you wish to make regarding any thing about the training course? If yes! State what they are.