



REPUBLIC OF ZAMBIA

PUBLIC SERVICE MANAGEMENT DIVISION
DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT

END-OF-COURSE EVALUATION FORM

Course Title: _____ Date: _____

Ministry/Province/Institution: _____ Duration: _____

As a participant, assist to assess your level of satisfaction with this training. The information required will help us to monitor overall satisfaction levels and improve services to you and your colleagues in the future.

To complete this form, answer the questions by marking the box, or circling the appropriate number, you believe most closely represents your opinion.

1. Did you have a pre-course briefing?

Yes

No

2. Were you aware of the objectives and aims of the course prior to attending it?

Yes

No

3. Do you feel you were well prepared and ready to attend the course?

Yes

No

4. How relevant was the training to your job?

Very Relevant 5 4 3 2 1 Not at all Relevant

5. How confident do you feel about using the knowledge and skills covered in the course?

Very Confident 5 4 3 2 1 Not at all Confident

6. To what extent do you think the course objectives were met?

Fully met 5 4 3 2 1 Not met at all

7. How useful did you find the following training methods?

Please tick in the box if any of these training methods are not applicable (N/A)

	Very Useful					Not Useful	N/A
	5	4	3	2	1		
(a) Group Work							<input type="checkbox"/>
(b) Lectures							<input type="checkbox"/>
(c) Over Head Transparencies							<input type="checkbox"/>
(d) Stimulation exercises							<input type="checkbox"/>
(e) Videos or films							<input type="checkbox"/>
(f) Notes and hand outs							<input type="checkbox"/>
(g) Open discussions							<input type="checkbox"/>
(h) Others, (Specify) _____							

8. Was there enough time to conduct all the training adequately?

Ample time 5 4 3 2 1 Not enough time

(The following rating key shall apply to questions 9 and 10)

Rating Key

5 = Excellent 4 = Very Good 3 = Good 2 = Fair 1 = Poor

9. Please rate the training provider in the following areas:

		5	4	3	2	1
(a)	Knowledge of subject					
(b)	Presentation skills					
(c)	Involving everyone					
(d)	Correct pace					
(e)	Availability					
(f)	Use visual aids					

(g) Others, specify _____

10. How did you rate the following Facilities?

(a) Training Venue	5	4	3	2	1
(b) Food	5	4	3	2	1
(c) Accommodation	5	4	3	2	1
(d) Service	5	4	3	2	1
(e) Transport arrangement	5	4	3	2	1

11. Please add any other comments that feel would improve the course.

Please ensure that you have answered all the questions before handing in this questionnaire.

Thank you.