

# COURSE EVALUATION QUESTIONNAIRE

*(To be filled-in by individual participants' at the end of the course)*

**Note:** Please fill in the items in the questionnaire. Your objectivity will help us to improve the future course.

1. **Name of the Institution** :

2. **Title of the Course & Date** :

3. **Name of the Programme Director** :

4. **Course Objectives**

5. To what extent the programme objectives have been achieved?

Objective	To a large extent	To some extent	Very little	Not at all
(i)				
(ii)				
(iii)				

6. What do you think about the structure and organisation of the course to meet the objectives?

Very Well Structured	Well Structured	Some Structured	Very Unstructured

7. How would this training programme be useful?

Very Useful	Quite Useful	Of Limited Use	Not at all

8. How useful this training likely to be for the future jobs?

Very Useful	Quite Useful	Of Limited Use	Not at all

9. Practical orientation of the Course:

Highly Practical Oriented	Practically Oriented to a Great Extent	Practically Oriented to a Limited Extent	Not at all Practical

10. How far have you been benefited from interaction with the fellow participants in the course?

Substantially	Considerably	Fairly	Not at all

11. How far was the course material supplied relevant and related to the course content?

Extremely Relevant	Considerably Relevant	Fairly Relevant	Not at all Relevant

12. To what extent are you satisfied with the following? (Applicable only if you have availed / used)

Facilities	Satisfied fully	Satisfied to a large extent	Satisfied to a limited extent	Not satisfied at all
Hostel Facilities				
Food Facilities & Services				
Class Room Facilities				
Interaction with Faculty				

If you feel that any facility is just satisfactory or poor, please give specific suggestions for improvement:

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13. Which part of the course did you find most useful?

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14. Which part of the course did you find least helpful?

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15. Did the course give you any specific ideas about improvement in your working situation when you go back?

Yes                      No

16. If yes, can you spell them out briefly?

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17. Overall impression of the Course.

Excellent	Very Good	Good	Fair

18. How do you evaluate the following Session(s) and the Faculty?

Date & Time	Topic	No of Session	Reading material/ reference material provided	Faculty	Excel lent	Very Good	Good	Fair

19. Any other observations / comments you wish to make about the course?

Name, age and Designation:

Present posting and assignment:

Year of entry in government service and year of retirement:

Email and contact numbers:

Official address:

*Signature*