

**TRAINING SERVICES EVALUATION FORM
ONLINE TRAINING**

Please be as frank as possible in completing this form.

Course Title : _____

Course Date(s) : _____

Course Presenter(s) : _____

		<i>Please tick as appropriate</i>	v
1.	Was the course well planned?	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
2.	Was the course content useful to you on your job?	Very useful	<input type="checkbox"/>
		Useful	<input type="checkbox"/>
		Not at the present moment	<input type="checkbox"/>
		Not at all useful	<input type="checkbox"/>
3.	Did the online course feel different from the physical one?	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
4.	Did your organization allocate adequate resources for your participation?	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
5.	Did SADCAS explain/show you how the online platform operates	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
6.	Did you have any connectivity challenges	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
7.	Are you satisfied with the SADCAS Online Training Platform	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
<p>General Comments/Areas for Improvement</p> <p>_____</p> <p>_____</p>			