

Council of Scientific and Industrial Research (CSIR)
CSIR Integrated Skills Initiative (Phase-II 2020-25)
Training Effectiveness Feedback Form

Name of CSIR Lab with location								
Title of the Skill Training/ SDP								
Date(s), Time & Venue								
Name(s) of Trainer(s)								
					5	4	3	2
How would you rate the overall quality of the program?					Excellent	Very Good	Good	Poor
How well did the Trainer state the objectives?					Excellent	Very Good	Good	Poor
How well did the Trainer keep the session alive and interesting?					Excellent	Very Good	Good	Poor
What is your overall rating of the Trainer?					Excellent	Very Good	Good	Poor
How well did the program accommodate your background and needs?					Excellent	Very Good	Good	Poor
How effective were the handouts?					Excellent	Very Good	Good	Poor
How convenient was the location?					Excellent	Very Good	Good	Poor
What was the most interesting thing you learned in this training?								
What was the least interesting thing you learned in this training?								
Was the length of the presentation sufficient for the training?								
The skill I learned in this program will be useful in my job					YES		NO	
If YES, list the skills that you would be implementing when you return to work/ get a job								
Anything else you want to mention regarding Skill Trainings:								
Signature of the Trainee					Name of the Trainee (optional)			
FOR OFFICE USE								
Overall Rating (out of 10)								
					Signature of Skill Nodal / CSIR Lab			
					Date:			