

8. Outcome Parameters

- Feedback forms

FEEDBACK FORM

Orientation / Refresher / Short Term Programmes

From _____ To _____)

Dear Participants

Kindly evaluate each Resource Person, giving him / her marks out of 10 on the basis of his /her expression, contents and utility.

Your information would be kept confidential.

| S. No. | Date | Name of the Resource Person | Topic (s) Covered | Marks/10 |
|--------|------|-----------------------------|-------------------|----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

Please write your specific comment/s about improving the course in future.

- 1.....
- 2.....
- 3.....

Thanks

Name & Signature of Participant

Course Coordinator