



STRATWORTH
UNIVERSITY

Course Evaluation Form

At Stratworth University, we value and encourage learner feedback for each of our courses and programs, and they constitute a critical input in the development, enhancement and evolution of our courses. Learners are encouraged to use this course evaluation form to evaluate and provide their perspective on the quality, impact and usefulness of any recently completed Stratworth University course. Please use the open-ended sections to provide more information. Especially for feedback components outside the scope provided for in this form.

The Course Evaluation Form

Title of the Training Program: _____

Date of Training: _____

Trainer(s): _____

Location/Delivery Method: _____

Thank you for attending this training session. Please take a few minutes to provide us with your feedback. Your input is invaluable in helping us improve the quality of our programs.

Section 1: Overall Training Experience

1. How would you rate your overall experience of the training?

- Excellent
- Good
- Satisfactory
- Poor

2. Did the training meet your expectations?

- Exceeded expectations
- Met expectations
- Partially met expectations
- Did not meet expectations

3. How relevant was the training content to your professional needs?

- Highly relevant
- Relevant
- Somewhat relevant
- Not relevant

Section 2: Content and Delivery

4. Please rate the following aspects of the training:

Quality of content:

- Excellent
- Good
- Satisfactory
- Poor

Presentation style of the trainer(s):

- Excellent
- Good
- Satisfactory
- Poor

Engagement and interactivity:

- Excellent
- Good

- Satisfactory
- Poor

Use of training materials and resources:

- Excellent
- Good
- Satisfactory
- Poor

5. What is your level of agreement or disagreement with the following statement:
'The learning objectives were clearly defined and met'.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Section 3: Practical Application

6. Do you feel more confident in applying the knowledge/skills gained?

- ○ Yes, very confident
- ○ Yes, somewhat confident
- ○ Neutral
- ○ Not confident

7. What is your level of agreement or disagreement with the following statement:
'The training will have a positive impact on your work or professional practice'.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree

8. Are there specific tools, techniques, or knowledge from this training that you plan to implement? (Please specify):

Section 4: Suggestions for Improvement

9. What aspects of the training did you find most valuable?

10. What improvements would you suggest for future training sessions?

Section 5: Additional Comments

11. Any other feedback or comments you would like to share?

Thank you for your valuable feedback! Please return this form to the organizer before leaving, or submit it via email if attending online.

This form has been reviewed, approved & authorized by:

Name: Prof. Dr. Lawrence Emeagwali

Position: Company Director

Date: December, 2024

Form Review Date: December, 2027