



**FEED BACK FORM FROM CONTROLLING AUTHORITY / REPORTING**

To be filled by Participant.

Form 3A

Name of Training			
Organiser :			
Duration of Training :	Start Date:	End Date:	
	<b>Topic of Session</b>	<b>Learning</b>	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

\* Separate Sheet may be attached if requires

Particular	Participant	Controlling Authority / Reporting Incharge
Name		
Designation		
Department		
Unit / Area		
Mobile Number		
E mail		

To be filled by Participant's Controlling Authority / Reporting Incharge to Validate the Assessment

**A. Learning & Application from the Training Attended:**

Whether the participant had learned something and applying on his routine activity.		To Great Extent (5)	Somewhat (4)	Less (3)	Very Less (2)	Not at all (1)
	1 Learning from The Trg Prog.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	2 Application of the Learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B. Change Factor:**

Whether change has taken place with the participant in terms of :	1 Attitudinal Development	Relevant Change (5)	Somewhat Change (4)	Less Changed (3)	Very Less Changes (2)	No Change (1)
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	2 Knowledge Development	Increased (5)	Somewhat Increased (4)	Less Increased (3)	Very Less Increased (2)	Not at all (1)
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	3 Skill Development	Increased (5)	Somewhat Increased (4)	Less Increased (3)	Very Less Increased (2)	Not at all (1)
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Suggestions /Comments for further improvements

Name of the Controlling Authority / Reporting Incharge

Signature



**Assessment Summary**

Form 3B

To be filled by Programme Co-ordinator after receiving all responses (or 60% ) from all participant's Controlling Authority / Reporting Incharge

Name of Training Programme			
Organiser :			
Duration of Training	Start Date:	End Date:	

**A Quantitative Assessment Summary**

		Percentage of Responses in variuos ratings					Total
		(5)	(4)	(3)	(2)	(1)	
1	Learning from The Trg Prog.						
2	Application of the Learning						
4	Attitudinal Development						
5	Knowledge Development						
6	Skill Development						
	<b>Overall Effectiveness</b>						
	<b>Effectiveness Percentage</b>						

Signature of Programme Co-Ordinator

Date: \_\_\_\_\_