



**ITU Centres of Excellence Network for CIS Region**  
**Institute of Electronics and Telecommunications**  
**Face-to-face Training Course on**  
**Computer Literacy**  
**For Persons with Disabilities**

**Bishkek, Kyrgyz Republic**  
**9 March – 3 April 2020**

**TRAINING FEEDBACK FORM**

We would like to ensure that the training we deliver is of high quality and of relevance to you. In order for us to continuously monitor and improve our training programmes, we kindly ask you to fill out this questionnaire as candidly and comprehensively as possible.

**THANK YOU FOR YOUR FEEDBACK**

**Please indicate:**

**1. Your job title** .....

**2. Your job level**

☐ Staff    ☐ Manager    ☐ Executive    ☐ Other (Specify) .....

**3. Your Organization**

☐ Regulator    ☐ Operator    ☐ Government

☐ Regional Organization    ☐ Academia

☐ Other(Specify) \_\_\_\_\_

**Please indicate your level of agreement to the statements using the below scale.**

Strongly Disagree=1 Disagree=2    Neutral =3    Agree=4    Strongly Agree=5

**A. relevance of training**

<b>I am satisfied with the:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Relevance of course content to my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Topics being in line with my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Course relevance to current technology trends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **B. Trainingdelivery**

<b>I am satisfied with the:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
4. Number of days allocated to the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Delivery method used					
6. Training materials and training aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Facilitator's knowledge of the subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Facilitator's preparedness and presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Logical sequence of the topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Illustrations, examples and practice sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Time allocated for learners to discuss and ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Knowledge gained during training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **C. Logistics**

<b>I am satisfied with the:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
13. Information provided to help with logistics for attending the training course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Payment process (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. User-friendliness of the ITU website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Support during training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Information provided to help with logistics for travel and accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Training venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Training rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **D. Overall**

<b>I am satisfied with:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. The overall delivery and content of the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How this training met my objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about the training?

What did you like least about the training?

Please state things you would want to see improved in future trainings

Please mention other areas of training that you would like to have

**THANK YOU**