



REGIONAL TRAINING CENTRE, LAGOS, NIGERIA
COURSE EVALUATION FORM (F 430 – 01)

Date of attendance:.....

Course attended.....

Instruction: Please kindly encircle the lettered options in ink to indicate your desire.

COURSE ASSESSMENT QUESTIONNAIRE

COURSE:.....

1. To what extent have you found this course useful?
 - (a) Very useful
 - (b) Quite useful
 - (c) Fairly useful
 - (d) Not useful

2. How will you rate the facilities used in this programme?
 - (a) Excellent
 - (b) Very good
 - (c) Good
 - (d) Fair
 - (e) Poor

3. How practicable do you see this course?
 - (a) Very practicable
 - (b) Fairly practicable
 - (c) Don't know yet
 - (d) Not practicable

4. Rate the level of knowledge of the instructor of this course.
 - (a) Excellent
 - (b) Very good
 - (c) Good
 - (d) Fair
 - (e) Poor

5. How well were the course contents covered?
 - (a) Perfectly well
 - (b) Very well
 - (c) Just good
 - (d) Poorly
 - (e) Terribly

6. Rate the level of expression and communication while the course was being taught.
 - (a) Excellent
 - (b) Very good
 - (c) Good
 - (d) Fair
 - (e) Poor

7. What word best describe this course of study?
 - (a) Enjoyable
 - (b) Difficult but understandable
 - (c) Complex
 - (d) Boring
 - (e) Terrible

8. Apart from the course content, were there other limitations to the study of this course?
 - (a) Not at all
 - (b) Yes, some
 - (c) Yes, so many
 - (d) The course could not be studied by me

9. Overall, rate the course of study
 - (a) Excellent
 - (b) Very good
 - (c) Good
 - (d) Fair
 - (e) Poor

10. Overall, rate the course instructor
 - (a) Excellent
 - (b) Very good
 - (c) Good
 - (d) Fair
 - (e) Poor

REGIONAL TRAINING CENTRE, LAGOS, NIGERIA **EMPLOYERS' EVALUATION REPORT (Form 340 – 01)**

Name of Organization/Establishment:.....

Period of training (Date):.....

Title of Course received:.....

The Regional Training Centre, Oshodi, Lagos, Nigeria, West-Africa formally writes to foremost appreciate your patronage. For optimum performance and effective service delivery at the Regional Training Centre (RTC), this questionnaire has been designed as a feedback mechanism to enhance the services and trainings provided at the RTC.

Please kindly provide the information requested in this questionnaire about the training offered from the RTC. Your feedback will play an important role in developing the quality of trainings and their delivery at the Centre.

Place tick (v) inside each box. Leave the box blank if the statement does not apply. If you want to change your answer, fill in the entire box and mark the correct box.

Your response will be treated confidentially.

S / N	AREA OF COMPETE NCY	POOR Does not meet expect ation	FAIR Occasio nally meets expecta tion	VERY GOOD Usually meets expect ation	EXCELL ENT Always meets expect ation
1 .	Did the training impact positive				

	change(s) on the trainee(s) with respect to the job?				
2	Did the training focus on expected relevant skill from the trainee?				
S / N	AREA OF COMPETE NCY	POOR	FAIR	VERY GOOD	EXCELL ENT
3	How effective has the trainee being able to deploy the acquired skill on the job?				
4	Does the quality of work				

	<p>produced thus far by the trainee</p> <p>Commensurate to the expected learning outcomes ?</p>				
5	<p>How has the training acquired by the trainee reflected on his job based on the current practice?</p>				
6	<p>Based on the learning outcomes, how vivid can you rate the</p>				

	skill acquired from the training.				
7	Has the training acquired made the trainees to effectively with little or no supervision handle the demand of the work?				
8	The training was effective, in that, is/are the trainee(s) able to relate the knowledge acquired to the day				

	to day activities?				
9	Overall, we are satisfied with the training received by our trainees.				
10	Based on the assessment of the trainee. Was it a fair test of their skills and knowledge?				

What additional training(s) would you like to have in the nearest future?.....

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Please share other comments or expand on previous responses here.....

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Thanks for sharing your view.

FEEDBACK FORM ON INSTRUCTORS JOB SATISFACTION AND MOTIVATION (F462)

Please take a few minutes to tell us about your job and how the organization assists you.

OBSERVATIONS	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE OR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
I feel encouraged to come up with new and better ways of doing things.					
My work gives me a feeling of personal accomplishment.					
I have the tools and resources to do my job well.					
On my job, I have clearly defined quality goals.					
The Regional training centre does an excellent job of keeping employees informed about matters affecting us.					

OBSERVATIONS	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE OR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
When a student is dissatisfied, I can usually correct the problem to their satisfaction.					
I understand why it is so important for the Regional training centre to value diversity (to recognize and respect the value of differences in race, gender, age, etc.)					
My job makes good use of my skills and abilities.					
The Principal visibly demonstrates a commitment to quality.					
The Director(R&T) visibly demonstrate a commitment to					

quality.					
OBSERVATIONS	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE OR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
How satisfied are you with the information you receive from management on what is going on in your unit?					
How satisfied are you with your involvement in decisions that affect your work?					
Considering everything, how satisfied are you with your job?					
How satisfied are you with your opportunity to get a better job in the Regional training centre?					
I experience personal growth such as updating					

skills and learning assignments/job schedule					
OBSERVATIONS	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE OR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
Management looks to me for suggestions and leadership.					
The Principal encourage me to be my best					
I am rewarded for the quality of my efforts					
I am valued by the Principal of the Regional Training centre					
My job makes a difference in the lives of others.					
I solve clients and students problems					
Overall, I am satisfied with					

my job.					
The company clearly communicates its goals and strategies to me.					
OBSERVATIONS	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE OR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
I receive adequate opportunity to interact with other employees on a formal level.					
I have a clear path for career advancement.					
My job requirements are clear.					

What suggestions do you have for the improvement of (Company Name)?

What 2-3 things do we need to work on to improve (Company Name)'s performance?

What other issues not included in this survey need to be addressed in this organization?

What is it that helps you to be productive and provide quality service?

What would help you to be more productive and provide higher quality service?

How long have you worked at the Regional Training centre?

- Less than 6 months
- 6 months – 1 year
- 1-3 years
- 3-5 years
- More than 5 years

Overall, how satisfied are you with your position at Regional Training centre?

- Very Dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied

Do you feel that employees are recognized as individuals?

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

How motivated are you to see the Regional Training centre succeed?

- Very motivated
- Somewhat motivated
- Not very motivated
- Not at all motivated
- Not sure

In thinking about the variety of tasks your position requires, would you say that there are too many, enough, or not enough?

- Too many
- Enough
- Not enough

How flexible is the Regional Training centre with respect to your family responsibilities?

- Very inflexible
- Somewhat inflexible
- Neither
- Somewhat flexible
- Very flexible

Have you ever observed or experienced any of the following forms of discrimination or harassment at this company?

- Racial discrimination
- Sexual harassment
- Gender discrimination
- Sexual orientation discrimination
- None Observed

**REGIONAL TRAINING CENTRE, LAGOS, NIGERIA
PROGRAMME EVALUATION FORM (F 340 – 02)**



Date of attendance:.....

Course attended:.....

Instruction: Please kindly encircle the lettered options in ink to indicate your desire.

END OF PROGRAMME ASSESSMENT QUESTIONNAIRE

11. How will you describe the relationship between the instructors and the students?
 - (e) Exciting
 - (f) Cordial/Mutual
 - (g) Fairly okay
 - (h) Uninteresting
 - (i) Very poor

12. How will you rate the facilities used during the course of this programme?
 - (a) Excellent
 - (b) Very good
 - (c) Good
 - (d) Fair
 - (e) Poor

13. How satisfactory was the programme in terms of practicals, demonstrations and field work?
 - (a) Highly satisfactory
 - (b) Just okay
 - (c) Disappointing

14. How conducive is the environment for learning
 - (a) Very conducive
 - (b) Conducive
 - (c) Fairly conducive
 - (d) Poorly conducive

15. Rate the training materials, manuals and literature used for the courses in this programme overall:
 - (a) Easy to use and comprehend
 - (b) Difficult to use but quite understandable
 - (c) Just good enough for learning
 - (d) Lacks illustration and description
 - (e) Not good for use at all

16. How applicable do you see the courses studied in this programme?
- (a) Very applicable
 - (b) Fairly applicable
 - (c) Not applicable
17. How well were your expectations met at this programme?
- (a) Above expectation
 - (b) Just what was expected
 - (c) Below expectation
 - (d) Far below expectation
18. Rate this programme in terms of organization
- (a) Excellent
 - (b) Very good
 - (c) Good
 - (d) Fair
 - (e) Poor
19. How well did you gain from this programme?
- (a) A great deal
 - (b) A lot
 - (c) Fairly well
 - (d) Nothing
20. Will you recommend this programme to the outside world?
- (a) Definitely yes
 - (b) May be yes
 - (c) May be no
 - (d) Definitely not
21. How do you think this programme can be improved? Give your general comments and suggestions here:

REGIONAL TRAINING CENTRE, LAGOS, NIGERIA TRAINEE EVALUATION REPORT (Form 340 – 02)

Date of attendance:.....

Course attended:.....

Instruction: Please indicate your level of agreement with the statement listed below in items 1 to 11.

Provide one response to each item on the form. Complete using a black or blue pen.

Place tick (✓) inside each box. Leave the box blank if the statement does not apply. If you want to change your answer, fill in the entire box and mark the correct box.

Your response will be treated confidentially.

S/N		Strongly disagree	Disagree	Agree	Strongly Agree
1	The objectives of the training were clearly defined.				
2	Participation and interaction were encouraged.				
3	The topics covered were relevant to your job specification.				
4	The content was organized and easy to follow.				
5	The materials distributed were helpful.				

6	The training experience will be useful in my work.				
7	The trainer was knowledgeable about the training topics.				
8	The trainer was well prepared.				
S/N		Strongly disagree	Disagree	Agree	Strongly Agree
9	The training objectives were met.				
10	The time allotted for training was sufficient.				
11	The classroom and facilities were adequate and comfortable.				

12. What do you like most about this training?.....

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13. What aspects of the training could be improved?.....

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14. How do you hope to change your practice as a result of the training?.....

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15. What additional trainings would you like to have in future?.....

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16. Please share other comments or expand on previous responses here.....

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Thank you for your feedback!