Reaction Sheet

(For each statement below circle the number that best describes the statement)

1. Overall rating of the programme
   Poor 2 3 4

2. Objectives of the programme were met
   Poor 2 3 4

3. Effectiveness of the instructor
   Poor 2 3 4

4. Relevance of the topics to my job
   Poor 2 3 4

5. Training facilities
   Poor 2 3 4

6. Length of duration
   Too long Too short Just right

7. Would you recommend this course to your colleagues?
   Yes No
Workshop Evaluation Form

Name ___________________________________________ Title ______________________________

Company ________________________________________ Date ____________________________

Instructor's Name ________________________________________________________________

1) I feel what I've learned is:
   ______ of outstanding value
   ______ of significant value
   ______ of some value
   ______ of little value
   ______ of no value

2) Overall, I consider the workshop:
   ______ outstanding
   ______ very good
   ______ fair
   ______ poor

3) Length of Workshop:
   ______ too long
   ______ just right
   ______ too short

4) Amount of material covered:
   ______ too much
   ______ just about right
   ______ too little

5) Material was presented:
   ______ clearly
   ______ somewhat clearly
   ______ passably
   ______ not clearly

6) The Instructor:
   ______ in good control of Class & Material
   ______ in fair control
   ______ in poor control

7) Skills I feel I have improved:
   ______________________________________________________

8) How I will apply what I've learned on the job:
   ______________________________________________________

9) I would be interested in a follow-up course: No _______ Maybe _______ Yes _______

10) I would _______ would not _______ like to see other people in the company take this
    workshop: If yes who ____________________________

11) I know of additional individuals/corporations who would benefit from the workshop:
    No ______________ Yes _______________
    If yes who __________________________________________

12) Additional Comments are welcome
    __________________________________________________
American Society for Training and Development  
ASTD's 49th National Conference and Exposition  
CONCURRENT SESSION EVALUATION

Session Title __________________________________________ Session Code __________________________________________

Please evaluate this session by circling the appropriate number for the overall session followed by the individual presenter(s).

<table>
<thead>
<tr>
<th></th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall session</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Clarity of session content</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Relevance of content to you</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Application to current job</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Usefulness of handouts</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Quality of visual aids</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**PRESENTER(S)**

1. ________________________________________________________________
   - Overall performance 4 3 2 1
   - Knowledge of subject 4 3 2 1
   - Presentation skills 4 3 2 1
   - Ability to respond to questions 4 3 2 1

2. ________________________________________________________________
   - Overall performance 4 3 2 1
   - Knowledge of subject 4 3 2 1
   - Presentation skills 4 3 2 1
   - Ability to respond to questions 4 3 2 1

3. ________________________________________________________________
   - Overall performance 4 3 2 1
   - Knowledge of subject 4 3 2 1
   - Presentation skills 4 3 2 1
   - Ability to respond to questions 4 3 2 1

The overall level of the content presented was [ ] Too advanced for me  [ ] Just right  [ ] Too basic for me
Did the presenter(s) inappropriately promote their products/services?  [ ] Yes  [ ] No

General comments on the session or presenter(s). ________________________________________________________________

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We'd like to know what you think.....

COURSE NAME : ____________________________________________

DATE : ____________________________________________

Please answer all the questions frankly by ticking (/) so as to help us make a good evaluation of the course.

<table>
<thead>
<tr>
<th>Rating 1 - 5</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lowest</td>
<td>Average</td>
<td>Highest</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. How did you find the course?

   [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

   Comments ____________________________________________

   ____________________________________________

2. How much did you gain from the course?

   [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

   Comments ____________________________________________

   ____________________________________________

3. How far did the course achieve its objectives?

   [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

   Comments ____________________________________________

   ____________________________________________

4. The following topics should be :

   (a) Omitted ____________________________________________

   ____________________________________________

   (b) Included ____________________________________________

   ____________________________________________
(c) Emphasised more

(d) Emphasised less

5. Was the course content relevant to your present or future job?
   1  2  3  4  5

6. How were the meals and tea breaks?
   1  2  3  4  5

7. How was the accommodation? (For residential course only)
   1  2  3  4  5

8. Conduct of sessions
   Rating: 1 - Insufficient  2 - Adequate  3 - Too Much
   (a) Was the time/length of the course adequate?
      1  2  3
   (b) Were there adequate exercises/discussions?
      1  2  3

9. Suggestions/recommendations for future courses

Thank you for your kind cooperation
Sample Items From A Confirmation Programme to Evaluate Officer’s Knowledge on Completion of Training

1. Which of the following is matched correctly?
   A. Finance companies - Overdraft facilities
   B. Commercial banks - Hire purchase finance
   C. Merchant banks - Underwriting
   D. Discount houses - Trade financing

2. The export proceeds of Malaysians must be brought back to Malaysia within ___ months.
   A. 3
   B. 6
   C. 9
   D. 12

3. Which of the following is a commercial paper?
   A. Cagamas Bonds
   B. Bank Negara Bonds
   C. Treasury Bonds
   D. Malaysian Government Securities

4. Banking institutions in Malaysia are required to maintain a minimum risk-weighted capital ratio of:
   A. 7.5%
   B. 8.0%
   C. 9.0%
   D. 10.0%
Feedback Form

(To be filled by participant’s immediate supervisor)

Course : Clerical Development Workshop
Date :
Participant’s Name :

The skills to be taught are as listed. For every item, please fill in columns 1 and 2 using the scale below. Your comments would also be helpful.

Column 1 : Rate the participant using a scale of 0 - 100% before the training
Column 2 : Rate the participant using a scale of 0 - 100% after the training

<table>
<thead>
<tr>
<th>Skill</th>
<th>1 % Before Training</th>
<th>2 % After Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Managing Time and Planning Work Effectively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Oral Communication Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Self Confidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Telephone Etiquette</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Interpersonal Relations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>