

Training Evaluation Form

Name : Institute name:

Age: Gender: Contact no:

Date:

Q1. Do you like today's session?

a) Yes to great extent b) Yes to some extent c) Not at all

Q2. Do you think that today's session have helped you to increase your knowledge in the area of Social Entrepreneurship?

a) Yes to great extent b) Yes to some extent c) Not at all

Q3. Do you think that the session was relevant to the need of the era?

a) Yes to great extent b) Yes to some extent c) Not at all

Q4. Do you think that the session have generated interest in you to further explore the topics?

a) Yes to great extent b) Yes to some extent c) Not at all

Q5. If no, do you have any suggestion to improve the quality of such session in future?

Q6. After participation in today's session you are feeling?

