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| **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?** |