



Pakistan Mediators Association

DAYS 1 & 2 - Evaluation Form

Please take a few minutes of your time and answer as honestly and accurately as you can. You need not sign your name unless you wish to do so.

1. Please indicate your overall reaction to the training session.

Very good Good Fair Poor

2. Did the topics presented relate to your needs?

A Great Deal Somewhat Very Little Not at all

3. Will you be able to use and apply the material presented in your responsibilities?

A Great Deal Somewhat Very Little Not at all

4. Please give us your overall reaction to the way the trainer presented the session?

Trainer 1 - Name _____

Very good Good Fair Poor

Comments on Trainer 1: _____

Trainer 2 - Name _____

Very good Good Fair Poor

Comments on Trainer 2: _____

Trainer 3 - Name _____

Very good Good Fair Poor

Comments on Trainer 3: _____

Trainer 4 - Name _____

Very good Good Fair Poor

Comments on Trainer 4: _____

5. What suggestions do you have for improving this session?

Name: _____ E-mail Address: _____ Contact _____



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Trainer 5 - Name _____

Very good Good Fair Poor

Comments on Trainer 5: _____

Trainer 6 - Name _____

Very good Good Fair Poor

Comments on Trainer 6: _____

Trainer 7 - Name _____

Very good Good Fair Poor

Comments on Trainer 7: _____

Trainer 8 - Name _____

Very good Good Fair Poor

Comments on Trainer 8: _____

5. What suggestions do you have for improving this session?

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