

Format for evaluation of the training workshop conducted by the institute / organisation for the IFS officers sponsored by the Ministry of Environment and Forests, GOI, New Delhi

EVALUATION REPORT BY THE PARTICIPANT

*[Note: Please fill in all the items in the reports
Your objectivity will help us to make improvements in the future training workshop(s)]*

1. Name of the institution/organization:

2. Title of the training workshop:

2. Duration & period of the training workshop :

3. Training workshop objectives

(Items 01 to 04 to be filled in by the institute/organization before circulating the forms to the participants)

5. Did you receive advance intimation from the institute/ organization about the programme? If so, when did you respond to the institution?

(a) When the intimation was received? :

(b) When the officer responded? :

6. What do you think about the theme/topic structure and organization of the training workshop to meet the objectives on a scale of 10?

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Points : 10 for very well structured
00 for very unstructured

7. How useful the information provided/interactions made in this training workshop will be to you in your job?

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[10.....00
(highest) (lowest)]

(Mention the job responsibilities handled by you presently)

8. Do you feel you got enough opportunities to interact with the fellow participants?

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[10.....00
(highest) (lowest)]

9. How far have you been benefited from interactions with the fellow participants during the training workshop?

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[10.....00
(highest) (lowest)]

10. How far the reading material supplied relevant and related to the topic of the training workshop?

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[10.....00
(highest) (lowest)]

11. Do you feel the institute/ organization made enough efforts in providing the maximum possible information on the theme/topic?

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[10.....00
(highest) (lowest)]

12. Assessment of the resource persons

S.No.	Date	Duration in minutes	Topic Covered	Name of Resource person	Assessment by the participant 10.....00
1.					

13. To what extent are you satisfied with the following?
(The institution may please block the parameters not applicable)

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[10.....00
(highest) (lowest)]

a. Reception:

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[10.....00
(highest) (lowest)]

b. Transport facilities availed/not availed
If availed:

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[10.....00
(highest) (lowest)]

c. Residential accommodation
Facilities availed/not availed
If availed:
[10.....00
(highest) (lowest)]

d. Food quality and service
[10.....00
(highest) (lowest)]

e. Conference room facilities
[10.....00
(highest) (lowest)]

f. Library facilities
availed/not availed
If availed:
[10.....00
(highest) (lowest)]

g. Interactions with the faculty and fellow participants
[10.....00
(highest) (lowest)]

14. Which part (s) of the brainstorming sessions did you find most useful?

15. Do you feel the recommendations made by the training workshop are exhaustive and implementable?

16. **Your overall impression of the training workshop?**
[10.....00
(highest) (lowest)]

17. Any other comments/observations/suggestions you wish to make about the sponsoring of training workshops in future and the suggested topics/themes.

(Name & signature of the participant)