

Head Office:

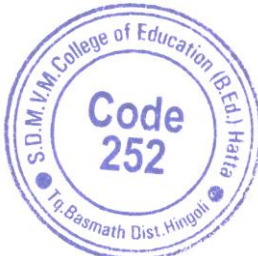
B-101 Tulsi Arcade
Canought Garden
CIDCO Aurangabad
☎ : 0240-2480451 (Fax)

Dr. Pratapsin V. Patel
SECRETARY

House:

'Shantai' 138 N-3 Cidco,
Aurangabad-431003 (MH.)
☎ : 0240-2485063 (R.)

Sample Feedback Form for Capability Building and Skill Enhancement




Principal
S.D.M.V.M. College Of Education (B.Ed)
Hatta, Tq. Basmath Dist. Hingoli

**SHRI DHANESHWARI MANAV VIKAS MANDAL COLLEGE OF EDUCATION
HATTA TQ.BASMATH DIST.HINGOLI**

Reg.F-2918, Mah./ 677 / 95 / O'bad / Date 20/06/95

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1. Career and Personal Counseling Program Feedback

Form: Name: _____

Date of Session: _____

1. How satisfied were you with the career and personal counseling session?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied

2. Did the session meet your expectations? Please explain.

3. What aspects of the counseling session did you find most helpful?

4. Were there any areas you felt could be improved? If so, please provide suggestions.

5. Would you recommend this counseling program to others? Why or why not?

6. Any additional comments or feedback:




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2. Skill Enhancement Workshop Feedback Form:

Name: _____

Date of Workshop: _____

1. Rate your overall satisfaction with the skill enhancement workshop:

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied

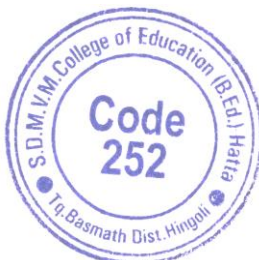
2. Which specific skills did you find most valuable or beneficial from this workshop?

3. Were the workshop materials and activities engaging and informative?

4. How well did the workshop facilitators address your questions and concerns?

5. Do you feel more confident in applying the skills learned in your academic/professional life?

6. What suggestions do you have for improving future skill enhancement workshops?




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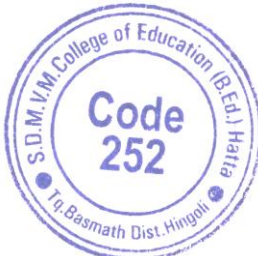
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7. Would you recommend this workshop to others? Why or why not?

8. Any additional comments or feedback:




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3. Disability-Aware Communication Training Feedback

Form: Name: _____

Date of Training: _____

1.How satisfied were you with the disability-aware communication training?

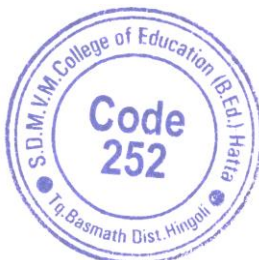
- ☐ Very satisfied
☐ Satisfied
☐ Neutral
☐ Dissatisfied
☐ Very dissatisfied

2. Did the training help you understand and improve your communication with individuals with disabilities?

3. Which aspects of the training did you find most beneficial?

4. Were there any areas where the training could have been improved? Please provide suggestions.

5. Do you feel more confident in communicating with individuals with disabilities after attending this training?




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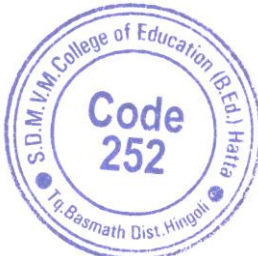
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6. Would you recommend this training to others? Why or why not?

7. Any additional comments or feedback:




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