

The beneficiary's view of the training provided

Dear training recipient:

Your contribution in evaluating the training provided to you and recorded your views and opinions regarding its activities, will help us to optimize the training in the future so that it meets your aspirations. Please fill the general information and make a tick (✓) in front of the level of the answer that expresses your opinion on the following:

General Information			
Title of the provided training		Name of the recipient of the training	
Training location		Job title	
Name of the trainer		Department	

Firstly: Evaluation of the Trainer						
NO	Subject	Excellent	Very Good	Good	Fair	Poor
1	His/her punctuality and managing time effectively					
2	Mastery of the scientific content of the training					
3	Modernity and diversity in the tools/ means used.					
Secondly: The Training						
NO	Subject	Excellent	Very Good	Good	Fair	Poor
1	Appropriateness of training to the to the target group					
2	Comprehensive coverage of all the training components.					
3	Modernity and keeping pace with development in the subject area.					
4	The training was applicable.					
5	Sources have been cited or indicated when presenting the scientific material.					
6	You have corrected some misconceptions due to the provided training					



لجنة التدريب

جامعة نجران



وحدة التطوير والجودة

كلية الطب

Quality & Development Unit
Faculty of Medicine

Training Committee

What is your overall evaluation of the provided training?	Excellent	Very Good	Good	Fair	Poor

- What aspects do you suggest to be added to this training in order to improve it?

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- What were the things that needed more clarification?

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Abdelraheem Almhboub

*Chairman of the Training Committee
College of Medicine*