The Insurance Institute of Egypt
Programme Evaluation

# IIE Delegate Feedback Form

Course title: _____

Date: _____

Trainer or facilitator: _____

## 1 About the course

Please select one response for each statement.

| Question | Poor | Good | Very good | Excellent |
|---|---|---|---|---|
| The course content was relevant and useful. | ☐ | ☐ | ☐ | ☐ |
| The course met my learning objectives. | ☐ | ☐ | ☐ | ☐ |
| The course materials and handouts were helpful. | ☐ | ☐ | ☐ | ☐ |
| The pace and structure of the course were appropriate. | ☐ | ☐ | ☐ | ☐ |

## Comments

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_____

## 2 About the trainer

| Question | Poor | Good | Very good | Excellent |
|---|---|---|---|---|
| The trainer demonstrated strong knowledge of the subject. | ☐ | ☐ | ☐ | ☐ |
| The trainer communicated and presented clearly. | ☐ | ☐ | ☐ | ☐ |
| The trainer encouraged participation and questions. | ☐ | ☐ | ☐ | ☐ |

## Comments

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## 3 About the venue or delivery

| Question | Poor | Good | Very good | Excellent |
|---|---|---|---|---|
| The learning environment or online platform was suitable. | ☐ | ☐ | ☐ | ☐ |
| The facilities and resources supported my learning. | ☐ | ☐ | ☐ | ☐ |

## Comments

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## 4 Overall experience

Overall, how satisfied were you with this training?

☐ Very satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied

Would you recommend this training to others?

☐ Yes ☐ No

## Comments

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_____

## 5 Learning objectives

Do you feel the stated learning objectives have been met?

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

## Additional comments on learning objectives

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## 6 Open feedback

What was the most useful part of the course?

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What could be improved?

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_____

Any additional comments?

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