



RR COLLEGE OF PHARMACY

Chikkabanavara, Bengaluru-560090

Accredited by "NAAC" with Grade "A"

SOFT SKILLS

LEARNER FEEDBACK FORM

Learner Name:		Title of Course / Module / Training Activity			
Q.1 Did the training meet your learning objectives?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Comment:					
Q.2 How do you intend to apply what you learned?					
Comment:					
Q.3 Was the programme / module delivered clearly?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Comment:					
Q.4 Was the aim of the programme / module explained?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Comment:					
Q.5 Was the training room suitable to the training programme / module?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Comment:					
Q.6 How would you rate the following? (Please tick)					
	Excellent	Good	Fair	Poor	
Resources & equipment					
Approachability of tutor (s)					
Handouts					
Exercises/assessments					
Overall Tutor Support					
Q.7 Have you any suggested improvements regarding this course / module?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Comment:					
Q.8 Course / Module Outcomes (please tick as appropriate)					
Certification	Further Training	Work Experience	Employment	Other (please specify)	
Comment:					



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COMPUTER SKILLS

LEARNER FEEDBACK FORM

Learner Name:		Title of Course / Module / Training Activity			
Q.1 Did the training meet your learning objectives?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Comment:					
Q.2 How do you intend to apply what you learned?					
Comment:					
Q.3 Was the programme / module delivered clearly?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Comment:					
Q.4 Was the aim of the programme / module explained?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Comment:					
Q.5 Was the training room suitable to the training programme / module?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Comment:					
Q.6 How would you rate the following? (Please tick)					
	Excellent	Good	Fair	Poor	
Resources & equipment					
Approachability of tutor (s)					
Handouts					
Exercises/assessments					
Overall Tutor Support					
Q.7 Have you any suggested improvements regarding this course / module?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Comment:					
Q.8 Course / Module Outcomes (please tick as appropriate)					
Certification	Further Training	Work Experience	Employment	Other (please specify)	
Comment:					



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ENTREPRENEURSHIP SKILLS

LEARNER FEEDBACK FORM

Learner Name:		Title of Course / Module / Training Activity				
Q.1 Did the training meet your learning objectives?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comment:						
Q.2 How do you intend to apply what you learned?						
Comment:						
Q.3 Was the programme / module delivered clearly?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comment:						
Q.4 Was the aim of the programme / module explained?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comment:						
Q.5 Was the training room suitable to the training programme / module?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comment:						
Q.6 How would you rate the following? (Please tick)						
	Excellent	Good	Fair	Poor		
Resources & equipment						
Approachability of tutor (s)						
Handouts						
Exercises/assessments						
Overall Tutor Support						
Q.7 Have you any suggested improvements regarding this course / module?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comment:						
Q.8 Course / Module Outcomes (please tick as appropriate)						
Certification	Further Training	Work Experience	Employment	Other (please specify)		
Comment:						