

Feedback Survey for a 3-Day Social Entrepreneurship Introductory Training Program

Participant Information (Optional)

1. Name (optional): _____

2. Age Group:

☐ Under 18

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55 and above

3. Background/Field of Work:

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Training content

4. How relevant did you find the content of the training to your needs?

- ☐ Not relevant
- ☐ Slightly relevant
- ☐ Moderately relevant
- ☐ Very relevant
- ☐ Extremely relevant

5. What part of the training did you find most valuable and why?

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Training Delivery

6. How would you rate the effectiveness of the trainer(s)?

- ☐ Very ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very effective

7. How engaging were the training sessions?

- ☐ Not engaging
- ☐ Slightly engaging
- ☐ Moderately engaging
- ☐ Very engaging
- ☐ Extremely engaging

Learning Environment

8. How conducive was the learning environment for engaging with the material?

- ☐ Very poor
- ☐ Poor
- ☐ Average
- ☐ Good
- ☐ Excellent

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9. Did you face any challenges during the training? If yes, please specify.

Practical Application

10. How confident are you in applying the knowledge and skills learned during the training in real-world scenarios?

- ☐ Not confident
- ☐ Slightly confident
- ☐ Moderately confident
- ☐ Very confident
- ☐ Extremely confident

11. What additional support or resources would help you apply what you have learned?

Overall Experience

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12. Overall, how satisfied are you with the training program?

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

13. Would you recommend this training program to others?

- ☐ Definitely not
- ☐ Probably not
- ☐ Not sure
- ☐ Probably yes
- ☐ Definitely yes

Open Feedback

14. Please provide any other comments or suggestions to improve the training program.

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