

Introduction

Dear Madam/Sir

PMO-RALG is responsible for monitoring training delivery through LGAs. In order to improve Local Government Training in Tanzania we would kindly request that you complete this evaluation sheet and return it to the facilitator of the course you have just completed.

The results of the questionnaire will enable PMO-RALG to improve staff training in future.

The information will be treated in the strictest confidence and anonymously.
Please answer the following questions by putting a tick (X) in the appropriate box.

It will take you only five minutes to complete the questionnaire.

Thank you

Name of the course: _____

Duration of the course: _____

(in days)

1. Adequacy of Participation

1.1 Are you satisfied with the composition of the participant group?

Fully <input type="checkbox"/>	Mostly <input type="checkbox"/>	Partially <input type="checkbox"/>	Little <input type="checkbox"/>	Not at all <input type="checkbox"/>
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Comments on your answer:

1.2 To what extent were you given opportunity in the course to participate?

Fully <input type="checkbox"/>	Mostly <input type="checkbox"/>	Partially <input type="checkbox"/>	Little <input type="checkbox"/>	Not at all <input type="checkbox"/>
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Comments on your answer:

2. Content of the course

2.1 Is the content of the course comprehensive to your mind?

Fully <input type="checkbox"/>	Mostly <input type="checkbox"/>	Partially <input type="checkbox"/>	Little <input type="checkbox"/>	Not at all <input type="checkbox"/>
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Comments on your answer:

3. Relevance of the Course

3.1 *Is the course content useful in terms of your professional needs?*

Fully <input type="checkbox"/>	Mostly <input type="checkbox"/>	Partially <input type="checkbox"/>	Little <input type="checkbox"/>	Not at all <input type="checkbox"/>
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Comments on your answer:

3.2 *The course will help you in your personal growth and development*

Fully <input type="checkbox"/>	Mostly <input type="checkbox"/>	Partially <input type="checkbox"/>	Little <input type="checkbox"/>	Not at all <input type="checkbox"/>
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Comments on your answer:

3.3 *The organization will benefit from you attending this course*

Fully <input type="checkbox"/>	Mostly <input type="checkbox"/>	Partially <input type="checkbox"/>	Little <input type="checkbox"/>	Not at all <input type="checkbox"/>
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Comments on your answer:

4. Application at Work

4.1 *Was the course presented in such a way as to learn for practical situations?*

Fully <input type="checkbox"/>	Mostly <input type="checkbox"/>	Partially <input type="checkbox"/>	Little <input type="checkbox"/>	Not at all <input type="checkbox"/>
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Comments on your answer:

5. Quality of Trainer

5.1 *Was the trainer knowledgeable/competent enough for delivery?*

Fully <input type="checkbox"/>	Mostly <input type="checkbox"/>	Partially <input type="checkbox"/>	Little <input type="checkbox"/>	Not at all <input type="checkbox"/>
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Comments on your answer:

5.2 *What kinds of methodologies were used?*

Exercises <input type="checkbox"/>	Question and answer <input type="checkbox"/>	Discussion <input type="checkbox"/>	Presentations <input type="checkbox"/>
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If others, mention them:

5.3 *How satisfied are you with the Cooperation provided by the trainer?*

Fully <input type="checkbox"/>	Mostly <input type="checkbox"/>	Partially <input type="checkbox"/>	Little <input type="checkbox"/>	Not at all <input type="checkbox"/>
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Comments on your answer:

6. Training Material

6.1 *Were training materials available to all participants?*

yes <input type="checkbox"/>	no <input type="checkbox"/>
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6.2 *How satisfied are you with the quality of the training materials?*

Fully <input type="checkbox"/>	Mostly <input type="checkbox"/>	Partially <input type="checkbox"/>	Little <input type="checkbox"/>	Not at all <input type="checkbox"/>
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Comments on your answer:

7. Organization

7.1 *Where did the training take place?*

7.2 *Was the training environment conducive?*

Fully <input type="checkbox"/>	Mostly <input type="checkbox"/>	Partially <input type="checkbox"/>	Little <input type="checkbox"/>	Not at all <input type="checkbox"/>
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Comments on your answer:

7.3 *Was the event*

a conference <input type="checkbox"/>	a seminar <input type="checkbox"/>	a workshop / training <input type="checkbox"/>
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7.4 *Was the duration of the training enough to cover the whole module?*

too short <input type="checkbox"/>	just right <input type="checkbox"/>	too long <input type="checkbox"/>
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Comments on your answer:

7.5 Was the training information communicated in time?

more than 2 weeks before <input type="checkbox"/>	more than 1 week before <input type="checkbox"/>	less than 1 week before <input type="checkbox"/>	1 day before <input type="checkbox"/>
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Comments on your answer:

8. PERSONAL DATA

8.1 Sex

Male / Female

8.2 Age

Year of Birth: _____

8.3 Education

- (a) STD VII
- (b) O' Level
- (c) A' Level
- (d) Certificate
- (e) Diploma
- (f) Adv. Diploma
- (g) First Degree
- (h) Post Graduate
- (i) Degree
- (j) PHD

8.4 Profession: _____

8.5 Position in LGA: _____

8.6 Years of Work Experience in LGA: _____

8.7 Which further courses would you like to participate?

Thank you!