

HAGGAI INSTITUTE- INDIA
PARTICIPANT'S FEEDBACK FORM
 (FACULTY EVALUATION)

NAME OF FACULTY (IN FULL):

SUBJECT:

SEMINAR (PLACE):

DATE:

RATING SCALES**VERY EFFECTIVE 8-10****EFFECTIVE 5-7****MARGINAL 3-4****INEFFECTIVE 1-2**

QUESTIONS	RATING
OBJECTIVE 1. Were the session objectives made clear to you? How effectively do you think they were met?	
CONTENT 2. How would you rate the quality of the content in satisfying your needs and expectations?	
PLANNING 3. To what extent was the presentation logical, systematic, well documented, creative, and supported by appropriate teaching/visual aids and handouts?	
APPLICATION 4. To what degree did the faculty explain the subject as a means to accomplishing the H.I. vision and fulfilling the Great Commission?	
INTERACTION 5. How involved did the faculty make you feel through the session in terms of interaction and handling questions?	
BEHAVIOUR 6. How would you rate the faculty in terms of approachability, attitudes, genuineness and friendliness?	
SPEECH 7. How easily were you able to follow the presentation in terms of clarity of speech, tone, speed, accent and flow?	
TIME 8. How effectively did the faculty manage the session in terms of time?	
ENCOURAGEMENT 9. To what extent did the faculty motivate you through personal testimony and experience and challenge you to put into practice what you have learned?	
WORD OF GOD 10. How well-knit was the presentation to the Word of God?	

COMMENT ON ANY SPECIFIC AREA / AREAS WHERE THE FACULTY'S TEACHING INFLUENCED YOU SIGNIFICANTLY OR ANY OTHER FEEDBACK WHICH WILL HELP THE FACULTY TO IMPROVE:

YOUR NAME:*Thank you for taking the time!*