



New Maulana Azad Education Society's

# College of Education (B.Ed.)

Pingli Road, Parbhani Tq. Dist.Parbhani - 431401

Ref.No.

Date :

## Sample Feedback Form for Capability Building and Skill Enhancement

PRINCIPAL

New Maulana Azad College of  
Education (B.Ed.) Pingli Road, Parbhani



New Maulana Azad Education Society's

# College of Education (B.Ed.)

Pingli Road, Parbhani Tq. Dist.Parbhani - 431401

Ref.No. \_\_\_\_\_

Date : \_\_\_\_\_

1. Career and Personal Counseling Program Feedback Form:

Name: \_\_\_\_\_

Date of Session: \_\_\_\_\_

1. How satisfied were you with the career and personal counseling session?

Very satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

2. Did the session meet your expectations? Please explain.

3. What aspects of the counseling session did you find most helpful?

4. Were there any areas you felt could be improved? If so, please provide suggestions.

5. Would you recommend this counseling program to others? Why or why not?

6. Any additional comments or feedback:

PRINCIPAL

New Maulana Azad College of  
Education (B.Ed.) Pingli Road, Parbhani



New Maulana Azad Education Society's

# College of Education (B.Ed.)

Pingli Road, Parbhani Tq. Dist.Parbhani - 431401

Ref.No. \_\_\_\_\_

Date : \_\_\_\_\_

2. Skill Enhancement Workshop Feedback Form:

Name: \_\_\_\_\_

Date of Workshop: \_\_\_\_\_

1. Rate your overall satisfaction with the skill enhancement workshop:

Very satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

2. Which specific skills did you find most valuable or beneficial from this workshop?

3. Were the workshop materials and activities engaging and informative?

4. How well did the workshop facilitators address your questions and concerns?

5. Do you feel more confident in applying the skills learned in your academic/professional life?

6. What suggestions do you have for improving future skill enhancement workshops?

PRINCIPAL

New Maulana Azad College of  
Education (B.Ed.) Pingli Road, Parbhani



New Maulana Azad Education Society's

# College of Education (B.Ed.)

Pingli Road, Parbhani Tq. Dist.Parbhani - 431401

Ref.No.

Date :

7. Would you recommend this workshop to others? Why or why not?

8. Any additional comments or feedback:

**PRINCIPAL**

**New Maulana Azad College of  
Education (B.Ed.) Pingli Road, Parbhani**



New Maulana Azad Education Society's

# College of Education (B.Ed.)

Pingli Road, Parbhani Tq. Dist.Parbhani - 431401

Ref.No. \_\_\_\_\_

Date : \_\_\_\_\_

3. Disability-Aware Communication Training Feedback Form:

Name: \_\_\_\_\_

Date of Training: \_\_\_\_\_

1. How satisfied were you with the disability-aware communication training?

Very satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

2. Did the training help you understand and improve your communication with individuals with disabilities?

3. Which aspects of the training did you find most beneficial?

4. Were there any areas where the training could have been improved? Please provide suggestions.

5. Do you feel more confident in communicating with individuals with disabilities after attending this training?

**PRINCIPAL**

**New Maulana Azad College of  
Education (B.Ed.) Pingli Road, Parbhani**



New Maulana Azad Education Society's

# College of Education (B.Ed.)

Pingli Road, Parbhani Tq. Dist.Parbhani - 431401

Ref.No.

Date :

6. Would you recommend this training to others? Why or why not?

7. Any additional comments or feedback:

**PRINCIPAL**

**New Maulana Azad College of  
Education (B.Ed.) Pingli Road, Parbhani**