NIGERIA CIVIL AVIATION AUTHORITY

Corporate Headquarters

Nnamdi Azikiwe Int'l Airport, Domestic Wing, Abuja, Nigeria

TRAINING CENTERS COURSE EVALUATION FORM

FORM: AC-GEN011B

PART A

This Training Center Course Evaluation form must be completed by the trainee and submitted to the Training Coordinator of his/her directorate.

Course Title	
Training Center	
Course Dates	
Course Content (attach syllabus)	

PART B

Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), Strongly Disagree (1)
Please mark as applicable.

COURSE CONTENT ASSESSMENT	5	4	3	2	1
1. Information covered was consistent with training objectives ……					
2. Information presented was relevant and valuable ……..					
3. Information presented was clearly explained ….					
4. The usefulness of the information received in training.					
5. Participant questions were clearly answered ….					
6. Materials presented were organized and well prepared……..					
7. The learning outcomes were clearly stated…….					
8. This training was appropriate for my level of experience……					
9. I will recommend this course to a colleague					
INSTRUCTIONAL EFFECTIVENESS					
10. Overall instructional quality was …					
11. The instructor(s) has/have good knowledge of the subject matter.					
12. The instructor(s) has/have the ability to explain and illustrate concepts					
13. The instructor(s) has/have the ability to answer questions properly					
14. The instructor(s) taught the course content in a manner that made it understandable					
15. The instructor(s) showed expertise in the subject matter.					
16. The instructor's materials enhanced my understanding of the course content					
17. The instructor(s) showed enthusiasm in teaching the course					
18. The instructor(s) kept the participants fully engaged.					
19. The Instructor(s)used a variety of instructional methods, and materials.					

PART C

COMMENTS

It is very useful to receive comments concerning the instruction and course content provided to you during the course of training.

How is this training useful to you professionally?
Suggest ways to make the training more useful?
Trainee Name:…… Title…… Signature:…… Date……..

PART D

For NCAA Official use only
The course content as taught met the applicable ITS course objectives and content: Yes ☐ No ☐ Name:……Training Coordinator……. Signature:……..
NCAA is to continue using the training center for applicable ITS courses. Yes ☐ No ☐ Name:…… Director…… Signature:……..
Human resources has reviewed and agreed that NCAA should continue to use the training center for applicable ITS courses. Yes ☐ No ☐

Name:…… DHR& A…… Signature:……..
NCAA should continue to use the training center for applicable ITS courses. Authorised ☐ Not Authorised ☐ Name:…… DGCA…… Signature:……..