

Trainees Affairs Directorate Trainees Activities Section

Visit Evaluation Form

First: General information		
Trainee name (optional) :	Trainee ID (optional):	
Training program:	Training year:	
Title of the event:		
Supervisor of the visit:		
Visit location:	Duration of the visit:	Date of the visit:

Second: Evaluation of the visit					
Evaluation aspect	Excellent	Very good	Good	Medium	Needs improvement
1. Level of organization					
2. Content					
3. Equipment and tools used during the visit					
4. Duration					
5. Location					
6. Timing					

Third: Outcome of the visit					
Evaluation aspect	Excellent	Very good	Good	Medium	Needs improvement
1. Educational Benefits of the visit					
2. How much do you want to revisit this location					

What is your overall assessment?	Excellent	Very good	Good	Medium	Needs improvement

Suggestions and remarks if any:

- 1.....
- 2.....
- 3.....

Thank you for your constant cooperation.

Division Stamp