

APPENDIX D

PROGRAM EVALUATION FORM

Please complete this evaluation form. Your comments are important to the Instructional Technology Specialists as we strive to improve the program. Please complete the form at the end of the presentation. Your comments will be appreciated.

1. Name of the Respondent –
2. Designation -
3. Educational Qualification –

Please tick (√) at appropriate place.

Sr. No.	Title	Excellent	Good	Fair	Poor
1.	Overall effectiveness of program (Broadening your understanding).				
2.	Program organization and execution.				
3.	Do you like this instructional method better than the traditional lecture?				
4.	The graphics, sounds and text used in the program help me to better understand the concepts.				

4. General comments and Suggestions:

5. Features that would make the program better: