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| **Background Information of Consultant** | |
| **Consultant Name** | Type Here |

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| **Feedback Form [filled up by Training Provider / Enterprise]** | | | |
| Please rate your **experience of working with** the consultant on innovDev using the scale of 1 to 4 below:  *1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree* | | | |
| **S/N** | **Statement** | | **Rating**  **(1 - 4)** |
| 1 | The consultant displayed professionalism throughout the whole project. | | Rate Here |
| 2 | The consultant demonstrated proficiency in designing tech-enabled blended learning curriculum to meet the learning needs identified. | | Rate Here |
| 3 | The consultant demonstrated proficiency in coaching and mentoring. | | Rate Here |
| 4 | The consultant demonstrated proficiency in stakeholder management. | | Rate Here |
| 5 | The consultant demonstrated proficiency in project management. | | Rate Here |
| 6 | I would recommend the consultant for future innovDev projects. | | Rate Here |
| **Areas Done Well** | | **Areas to Be Improved** | |
| Type Here | | Type Here | |
| **Other Comments:** | | | |
| Type Here | | | |
| **Submitted by** | | **Endorsed by** | |
| |  | | --- | | Type Name and Designation | | Name and Designation | | Insert Signature Here | | Signature | | Type Organisation Name | | Organisation | | DD/MM/YYYY | | Date | | | |  | | --- | | Type Name and Designation | | Name and Designation | | Insert Signature Here | | Signature | | Type Organisation Name | | Organisation | | DD/MM/YYYY | | Date | | |