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| **Background Information of Training Providers & Enterprises** | |
| **Organisation Name** | Type Here |

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| **Feedback Form [Filled up by Consultant]** | | | |
| **Based on your experience** working with the Training Provider / Enterprise on innovDev, rate the following statements using the scale from 1 to 4 below:  *1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree* | | | |
| **S/N** | **Statement** | | **Rating**  **(1 - 4)** |
| 1 | The staff displayed professionalism throughout the whole project. | | Rate Here |
| 2 | The staff demonstrated proficiency in project management. | | Rate Here |
| 3 | The staff demonstrated proficiency in designing tech-enabled / blended learning curriculum to meet the learning needs identified. | | Rate Here |
| 4 | The staff demonstrated evidence of capability development using tech-enabled / learning curriculum within the enterprise. | | Rate Here |
| 5 | The enterprise has been supportive of the whole project. | | Rate Here |
| 6 | The enterprise values the incorporation of tech-enabled practices into their learning and development curriculum. | | Rate Here |
| 7 | The enterprise as a whole demonstrated commitment to the blended learning transformation process. | | Rate Here |
| 8 | The enterprise is aware of best practices in the blended learning / learning innovation ecosystem. | | Rate Here |
| 9 | The staff understands the importance of blended learning transformation process. | | Rate Here |
| 10 | The enterprise has well-defined metrics in place to evaluate the success of blended learning transformation efforts or project. | | Rate Here |
| 11 | The enterprise is likely to continue the blended learning transformation process of their curriculum even after exiting from innovDev. | | Rate Here |
| **Areas Done Well** | | **Areas to Be Improved** | |
| Type Here | | Type Here | |
| **Other Comments:** | | | |
| Type Here | | | |
| **Submitted by** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Type Name Here |  | Insert Signature Here |  | DD/MM/YYYY | | Name |  | Signature |  | Date | | | | |