



# ACCIDENT INVESTIGATION BUREAU

NNAMDI AZIKIWE INTERNATIONAL AIRPORT  
P.M.B. 7009 GARKI, FCT- ABUJA; NIGERIA

## TRAINING/MANAGEMENT DEVELOPMENT PROGRAM EVALUATION FORM

(To be completed immediately after the program)

COURSE TITLE: \_\_\_\_\_

TRAINING ORGANIZATION \_\_\_\_\_

1. I found the quality of the program to be (Tick one)

POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING
1	2	3	4	5

2. Rate the following using the code below:

5 = Very Adequate; 4 = Adequate; 3 = Just Adequate; 2 = Inadequate; 1 = Very Inadequate

### RATING

- a) Duration of Course .....
- b) Time for Question & Answer .....
- c) Other (Specify) .....
- .....
- .....

3. Rate the program using the following code:

5 = Outstanding; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = poor

### RATING

- a) Practical Value .....
- b) Thoroughness .....
- c) New Idea Gained .....
- d) Helpful to Self-Development .....
- e) Relevance to Job .....

4. To what extent did this program measure up to your expectation? (Please tick one)



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<b>FAR LESS THAN EXPECTED</b>	<b>NON SATISFIED</b>	<b>JUST SATISFIED</b>	<b>SATISFIED</b>	<b>VERY SATISFIED</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

5. How satisfied were you with the facilities and services?

<b>VERY SATISFIED</b>	<b>SATISFIED</b>	<b>JUST SATISFIED</b>	<b>NON SATISFIED</b>	<b>FAR LESS THAN EXPECTED</b>
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

## FACILITIES AND SERVICES

- a) Suitability of Course Venue .....
- b) Provision of Training Materials .....
- c) Teaching Method .....
- d) Other (Specify) .....

6. Do you have any suggestions for improving the facilities and service?

What are they?.....

7. How do you rate the organization and co-ordination of the program? (Please tick one)

<b>POOR</b>	<b>FAIR</b>	<b>GOOD</b>	<b>VERY GOOD</b>	<b>EXCELLENT</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

8. Would you say that the aim and objectives of this course were achieved?

<b>A GREAT DEAL</b>	<b>MUCH</b>	<b>SOME</b>	<b>VERY</b>	<b>NOT AT ALL</b>
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

9. Please we welcome any other comments that will help the Training Department to improve staff development.

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**Name and Designation:**

**Signature & Date:**

**Department/Unit**

