

PROFORMA FOR FEEDBACK BY ONSITE FACILITATOR

1. Name of the Onsite Facilitator (Principal): _____

2. Address: _____

3. Name of the DIET Staff undergoing training: _____

4. Wing to which the Staff belongs: _____

5. Month of Reporting: _____

6. Area of Training: _____

7. The progress made by the staff member:

8. According to you, progress made by the staff member is:

Not Satisfactory / Satisfactory / Good / Very Good / Excellent

9. Was there any specific administrative / academic arrangement made to facilitate the staff on training? Yes / No

If yes, what was the arrangement made?

10. Observations / Suggestions, if any:
