

SSITC TRAINING FEED BACK CONSOLIDATION

1. Name of Training Centre
2. Name of Resource Persons (1).....
 (2).....
3. No of Pupils scheduled in the training programme
4. No of Pupils who participated in the training programme
5. Name of School which completely abstained from the programme

Question No	No of pupils who responded as “YES”	No of pupils who responded as “NO”	No of pupils who did not respond
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4. Remarkable suggestions under Question No 22.
 - 1.
 - 2.
 - 3.
5. Your comments on the proposed SSITC set up in Schools :
6. Name and Signature of Resource Persons : (1)
(2)