**Qualitative Training Evaluation Form**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Name (Optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Day:** \_\_\_\_\_ of \_\_\_\_\_

**CONTENT EVALUATION**

**1. Training Objectives**

*Were the learning objectives for today clearly communicated?*

☐ Very Clear ☐ Clear ☐ Somewhat Clear ☐ Unclear

**2. Content Relevance**

*How relevant was today's content to your role as an enumerator?*

☐ Very Relevant ☐ Relevant ☐ Somewhat Relevant ☐ Not Relevant

**3. Content Difficulty**

*How would you rate the difficulty level of today's material?*

☐ Too Easy ☐ Just Right ☐ Challenging but Manageable ☐ Too Difficult

**4. Learning Objectives Achievement**

*Do you feel you achieved the learning objectives for today?*

☐ Fully Achieved ☐ Mostly Achieved ☐ Partially Achieved ☐ Not Achieved

**DELIVERY & FACILITATION**

**5. Facilitator Effectiveness**

*Rate the facilitator's overall performance today*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

**6. Presentation Clarity**

*How clear were the facilitator's explanations and instructions?*

☐ Very Clear ☐ Clear ☐ Somewhat Clear ☐ Unclear

**7. Pace of Training**

*Was the pace of today's training appropriate?*

☐ Too Fast ☐ Just Right ☐ Too Slow

**8. Interaction & Engagement**

*Did the facilitator encourage participation and answer questions effectively?*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

**TRAINING METHODS & MATERIALS**

**9. Training Methods**

*Rate the effectiveness of today's training methods (lectures, exercises, discussions, etc.)*

☐ Very Effective ☐ Effective ☐ Somewhat Effective ☐ Not Effective

**10. Hands-on Practice**

*Was there sufficient practical/hands-on practice today?*

☐ More than Enough ☐ Just Right ☐ Not Enough ☐ None Provided

**11. Training Materials**

*How would you rate the quality of handouts, presentations, and other materials?*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

**OVERALL SATISFACTION**

**12. Overall Rating**

*How would you rate today's training session overall?*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

**13. Confidence Level**

*How confident do you feel about applying today's content in the field?*

☐ Very Confident ☐ Confident ☐ Somewhat Confident ☐ Not Confident

**OPEN FEEDBACK**

**14. Most Valuable Part**

*What was the most valuable part of today's training?*

**15. Least Valuable Part**

*What was the least valuable part of today's training?*

**16. Suggestions for Improvement**

*How could today's training be improved?*

**17. Additional Topics Needed**

*What additional topics or skills would you like covered?*

**18. Questions/Concerns**

*Do you have any remaining questions or concerns about today's content?*

**LOGISTICS**

**19. Training Environment**

*Rate the training venue, equipment, and setup*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

**20. Time Allocation**

*Was the time allocated for today's topics appropriate?*

☐ Too Much Time ☐ Just Right ☐ Too Little Time

**Additional Comments:**

**Thank you for your feedback! Your input helps us improve the training experience.**