|  |  |
| --- | --- |
| Training Topic: | |
| Training Date: | Instructor: |

Please complete the evaluation for today’s training session. Your feedback is valuable to us and is appreciated.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Not applicable** |
| 1. The training met my expectations. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. I will be able to apply the knowledge learned. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. The training objectives for each topic were identified and followed. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. The content was organized and easy to follow. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. The materials presented were pertinent and useful. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. The trainer was knowledgeable. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. The quality of instruction was good. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. The trainer met the training objectives | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Class participation and interaction were encouraged. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Adequate time was provided for questions and discussion | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |

How do you rate this training overall?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excellent | Good | Average | Poor | Very Poor |
| 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |

What aspects of the training could be improved?

Other comments?

THANK YOU FOR YOUR PARTICIPATION!