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| --- | --- |
| 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!