



Training Evaluation Form

Medic First Aid BasicPlus CPR, AED & First Aid

Training/Class Title

Training Date:

Instructor (& Contractor):

Training Site:

Rating Scale:

Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
5	4	3	2	1

How satisfied are you with...

Training Effectiveness and Efficiency

- ... you learned how the gained knowledge can be applied in "real life"?
- ... the training will benefit your job?
- ... the training was efficient and made good use of time?
- ... the training method truly helped you learn?

5	4	3	2	1

Instructor

- ... the instructor demonstrated knowledge of the subject?
- ... the instructor made it interesting?
- ... the instructor encouraged questions?

5	4	3	2	1

Training Materials and Environment

- ... the training materials were an aid to assist learning?
- ... the training materials will be a useful reference in the future?
- ... the training room and setup were conducive to learning?
- ... appropriate equipment was used?

5	4	3	2	1

Please provide any suggestions, comments and/or further explanations to above responses:

Your name (optional): _____ Date: _____

This form is used to evaluate training providers, to gain feedback for internal trainers, and to evaluate training effectiveness.