Training evaluation form and feedback

| Employee Name | |  | | | Employee Code | | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Department | |  | Trainer Name | | | |  | | |
| Name of the training programme attended | | | |  | | | | | |
| Dates on which the training was conducted | | | | From | |  | | To |  |
| Venue |  | | | Training Ref No. | | | |  | |

Thank you very much for participating in this course, and for funding a course in which materials are freely available to everyone.

If you could dedicate a few more minutes of your time answering the below questions, your comments and suggestions would be highly appreciated. Be frank ... the instructor is really interested in getting your true feedback.

Your feedback will be also useful to our organization to evaluate future training needs, to improve training conditions, and to measure the usefulness of their training investment.

If you think about more suggestions and comments later, don't hesitate to send them anytime you want to.

| Sl No | Description | Rating (Please mark with tick)  1 -> Low and 4-> High | | | |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| **Learning objectives** | | | | | |
| 1 | Meet your learning objectives |  |  |  |  |
| 2 | Duration of the course |  |  |  |  |
| **Lecture materials** | | | | | |
| 3 | Quality of lecture materials |  |  |  |  |
| 4 | Will you recommend these materials to others |  |  |  |  |
| **Instructor added value** | | | | | |
| 5 | Knowledge and experience of the instructor |  |  |  |  |
| 6 | Did instructor oral explanations add value to the lecture materials |  |  |  |  |
| 7 | How well did the instructor answer questions from the audience? |  |  |  |  |
| 8 | How useful was the training? |  |  |  |  |
| **Training conditions** | | | | | |
| 9 | How do you rate training conditions (room size, equipment, environment...)? |  |  |  |  |
| 10 | How do you rate the training equipment? |  |  |  |  |
| 11 | How well the course was organized (program, registration, meeting the schedule...)? |  |  |  |  |
| **Overall rating** | | | | | |
| 12 | How much did you learn? |  |  |  |  |
| 13 | How useful should this course be in your daily job? |  |  |  |  |
| 14 | Would you recommend this course to others? |  |  |  |  |

| **Overall rating of the training session (Please tick any one)** | | |
| --- | --- | --- |
| 01 | Very disappointing Any other comments and suggestions that you couldn't make in the other |  |
| 02 | Disappointing sections |  |
| 03 | A little bit disappointing |  |
| 04 | OK |  |
| 05 | Pretty good |  |
| 06 | Very good |  |
| 07 | Excellent |  |

| **Any Comments** | | | |
| --- | --- | --- | --- |
| **Participant's Signature** |  | **HR Incharge** |  |