Course Title:

Date:

Training Instructor(s):

Please complete the following evaluation and help us improve our training program.

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| Please circle **YES** or **NO** to the following questions regarding your training. | | |
| 1. The training objectives were clearly defined. | Yes | No |
| 2. The trainer(s) was knowledgeable about the training topics. | Yes | No |
| 3. The trainer(s) was well prepared. | Yes | No |
| 4. The trainer (s) promoted knowledge sharing, discussion, and curiosity. | Yes | No |
| 5. The trainer (s) kept the discussions focused on the learning objectives. | Yes | No |
| 6. The content was organized and easy to follow. | Yes | No |
| 7. The training material helped me to understand the content better. | Yes | No |
| 8. The time allotted for the training was sufficient. | Yes | No |
| 9. On a scale of 1-10 with **10 being completely confident** and **1 not confident at all,** to what degree are you confident in your ability to use what you learned in the training? | **(circle one)**  1 2 3 4 5  6 7 8 9 10 | |

Additional Comments:

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