TRAINING EVALUATION FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rank/ Name of Attendee: |  |  | Date: |  |
| Name of Institute: |  |  | Course Name: |  |
| Training Period: |  |  |  |  |

Please indicate your level of agreement with the statement listed below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| 1. | The objectives of the training were clearly defined |  |  |  |  |  |
| 2. | Participation and interaction were encouraged |  |  |  |  |  |
| 3. | The topics covered were relevant to me. |  |  |  |  |  |
| 4. | The content was organized and easy to follow |  |  |  |  |  |
| 5. | The materials distributed were helpful |  |  |  |  |  |
| 6. | This training experience will be useful in my work |  |  |  |  |  |
| 7. | The trainer was knowledgeable about the training topics |  |  |  |  |  |
| 8. | The trainer was well prepared |  |  |  |  |  |
| 9. | The training objectives were met |  |  |  |  |  |
| 10. | The time allotted for the training was sufficient |  |  |  |  |  |
| 11. | The meeting room and facilities were adequate and comfortable |  |  |  |  |  |
| 12. | What did you like most about this training? | | | | | |
|  | | | | | | |
| 13. | What aspects of the training could be improved? | | | | | |
|  | | | | | | |
| 14. | How do you hope to change your practice as a result of this training? | | | | | |
|  | | | | | | |
| 15. | Please share other comments or expand on previous response here: | | | | | |
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| **Note:** | 1. | This form needs not has to complete if using the training centre evaluation form. |
|  | 2. | This completed form or the form provided by the training centre is to be submitted to the Manning & Training Dept. within 3 days after the completion of the course. |

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| Signature: |  | Date: |  |