

## Training Evaluation Form

<b>Employee Name</b>		<b>Title</b>	
<b>Training Program</b>		<b>Department</b>	
<b>Training Date</b>		<b>Training Provider</b>	

Dear employee, your seriousness in filling the form would help us to improve processes and ensure your development

5 = Excellent	4= Very good	3= Good	2= Average	1= Poor
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Section 1: Instructor	1	2	3	4	5
Illustration and presentation skill					
Knowledge of the trainer/Speaker about the course subject					
Interacting and responding with participants/Audiences					
The ability to manage lecture discussions					
Professional Manner					

Section 2:Material	1	2	3	4	5
Topics Consistency					
Usefulness of the program Materials and handouts					
Meeting the individual needs					
Updated useful information					
The activities; Assignments, tasks, materials were helpful					

Section 3: Vender preparation	1	2	3	4	5
The location of the training/event; accessibility, directions, venue, etc.					
The Refreshments: food & beverages					
The program/event length					
The timing					
The availability of equipment need and technological tools					

Section 4: Individual benefit	1	2	3	4	5
Overall Experience					
Relevancy to my area of responsibility					
The possibility of applying the knowledge and skills learned at work					
The program has added to my knowledge and help me to improve my skills					
Overall Experience					

<b>Section 5: Outcomes</b>
<b>Main Outcomes:</b>
<b>Comments:</b>

**Which area of your work that needs enhancement?**

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**Employee Signature:**

**Date:**