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| **CRM Training** Name: Event Date: EMP ID: Location:  Trainer:  Your satisfaction is important to us.  **Please take a moment to provide us with feedback on the service you received at your recent event** |

| **Overall experience** | Excellent | Good | Fair | Poor | Not Applicable |
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| 1. The Objective of the training clearly defined? |  |  |  |  |  |
| 1. Participation and interaction were encouraged. |  |  |  |  |  |
| 1. The topics covered were relevant to me. |  |  |  |  |  |
| 1. The content was organized and easy to follow. |  |  |  |  |  |
| 1. The Training experience will be useful in my work. |  |  |  |  |  |
| 1. The Trainer was knowledgeable about the training topics. |  |  |  |  |  |
| 1. The trainer was well prepared. |  |  |  |  |  |
| 1. The training objectives were met. |  |  |  |  |  |
| 1. The time allotted for the training was sufficient. |  |  |  |  |  |
| 1. How may we serve you better? |  | | | | |

|  | Please return this form, along with any additional comments, to the Special Functions Department.  **Thank You!**  Special Functions • Room 230 University Centre • Winnipeg, MB • R3T 2N2 |
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