**Training Evaluation Form**

**Date: …………………………………………………………**

**Time and Location of Training: ……………………………………………….**

**Trainer: ………………………………………………………………..**

**Title of the Training: …………………………………………………………….**

***Instructions: Please indicate your level of agreement with the statements listed below in #1‐11.***

***1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| 1. The objectives of the training were 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 materials distributed were helpful. |  |  |  |  |  |
| 1. This 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. The meeting room and facilities were adequate and comfortable. |  |  |  |  |  |

1. What did you like most about this training?

1. What aspects of the training could be improved?

1. How do you hope to change your business processes as a result of this training?

1. What additional modules would you like to be trained on in the future?

1. Please share other comments or expand on previous responses here:

**Thank you for your feedback!**