Training Evaluation Form

Name (optional):

Role (optional):

**Training Title:** ­SharePoint Customization Hands-On Troubleshooting

**Trainer:**  Herman Solberg and Mads Damgård ­­­

Please tick one response in each row.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Areas** | **Below Average** | **Average** | **Good** | **Excellent** |
| Trainer’s “**Communication Skill**” |  |  |  |  |
| Trainer’s “**Command on Topic**” |  |  |  |  |
| Quality of **“Training Material”** |  |  |  |  |
| **“Training Environment”** |  |  |  |  |
| **“Participation”** level of all trainees |  |  |  |  |
| How effective was the training in meeting your **Goals**? |  |  |  |  |

**Remarks:**