

**Training Feedback Form**

**Date : Title of training: Trainer:**

**St. Name:**  **Exp: Company:**

**Instructions: Please rate the following on a scale of 1- 4, 1 being the lowest, 3 being the average & 4 being the highest rating**.

**4**

**3**

**2**

**1**

* The Training was well organized.

**4**

**3**

**2**

**1**

* Training session were relevant to my needs

**4**

**3**

**2**

**1**

* content and language in which the instructors

Communicated was understandable?

**4**

**3**

**2**

**1**

* Presenter was knowledgeable & well Prepared

about the training program.

**4**

**3**

**1**

**2**

* Time allotted for the training was sufficient.

**4**

**3**

**2**

**1**

* Exercises help me to learn the material

**4**

**3**

**2**

**1**

* Presenter were receptive to participant comments

& Questions

**4**

**3**

**2**

**1**

* The training enhances my knowledge & skills.

**4**

**3**

**2**

**1**

* I expect to use this knowledge & skills gained from

this training

**4**

**3**

**2**

**1**

* The training facilities were adequate

**4**

**3**

**2**

**1**

* I would recommend this training course to my

colleague.

**6. What did you like most about this training?**

**7.** **What aspects of the training could be improved?**

**8. What additional trainings would you like to have in the future in our organization?**

**9. Suggestions for enhancing the positive effects?**

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