

Training Feedback Form

Training:

Location:

Date:

OPTIONAL: Your name:



1. How would you rate the quality of the training with regards to **its contents**?

	Your rating	Comment
	⑤ = excellent; ④ = good; ③ = satisfactory; ② = unsatisfactory; ① = poor	
Quality of content	⑤ ④ ③ ② ①	
Value of content for you	⑤ ④ ③ ② ①	
Relevance of exercises	⑤ ④ ③ ② ①	
Logical structure and comprehensibility	⑤ ④ ③ ② ①	

2. How would you rate the quality of the training with regards to **the trainer**?

(If there are two or more trainers please use the "Comment" fields)

	Your rating	Comment
	⑤ = excellent; ④ = good; ③ = satisfactory; ② = unsatisfactory; ① = poor	
Presentation skills	⑤ ④ ③ ② ①	
Understandability of explanations	⑤ ④ ③ ② ①	
Product expertise	⑤ ④ ③ ② ①	
Interaction with participants	⑤ ④ ③ ② ①	

3. Did the training meet your expectations?

☐ Yes ☐ No

If yes, what did you like most? If no, where could improvements be made?

4. Which was the most valuable part of the training?

5. Which topics were missing in the training?

6. How long did you already work with the EB product (month or years)?

7. For which tasks do you use the product?

8. Your overall training experiences?

	Your rating	Comment
	⑤ = excellent; ④ = good; ③ = satisfactory; ② = unsatisfactory; ① = poor	
Recommendation of this training to others	⑤ ④ ③ ② ①	
Overall event organization	⑤ ④ ③ ② ①	
Applicability of what I learned	⑤ ④ ③ ② ①	
Overall training experience	⑤ ④ ③ ② ①	

9. Are you satisfied with the training? We welcome your testimonial statement:

Thank you for your feedback!

All data is used for quality assurance purposes only and will not be disclosed to third parties. For more information go to www.elektrobit.com/privacy-policy.