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| **Course Name** |  |
| **Facilitator** |  |
| **Company** |  |
| **Date/s** |  |
| Your Name (Optional) |  |

## Training Evaluation

**1= Poor 2= Fair 3= Average 4= Good 5= Very Good**

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| **The session** | |
| 1. The training delivered was well presented | 1 2 3 4 5 |
| 2. I enjoyed the activities and exercises | 1 2 3 4 5 |
| 3. I found interacting with others helped me learn | 1 2 3 4 5 |
| 4. The audio-visual aids and other training tools were effective | 1 2 3 4 5 |
| 5. The facilities were comfortable (room, temperature, etc.) | 1 2 3 4 5 |

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| **The facilitator** |  |
| 6. The facilitator explained the content clearly | 1 2 3 4 5 |
| 7. The facilitator was well prepared and communicated effectively to the group | 1 2 3 4 5 |
| 8. The facilitator showed energy, enthusiasm and ability to make you interested and motivated? | 1 2 3 4 5 |
| 9. The facilitator linked the content to practical work examples | 1 2 3 4 5 |
| 10. The facilitator covered the material at the right pace/speed | 1 2 3 4 5 |
| 11. The facilitator managed the group discussions effectively | 1 2 3 4 5 |
| 12. Did the facilitator show knowledge of the material presented? | 1 2 3 4 5 |

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| **Comments** |
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