

Training Evaluation Survey

Survey ID: TR-2026

Participant Name: _____

Training Title: _____

Date: _____

1. The training content was easy to understand.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. The trainer was knowledgeable and engaging.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Overall rating of the training (1–5): _____

4. Comments: _____