

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: _____