

Training Evaluation and Feedback Form

Course little:			Dates	3:	
Job Title:	Organ	isation:			
Please indicate your experience as a particip	oant relatin	g to the	e items li	sted below	<i>'</i> .
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training met my expectations.	0	0	0	0	0
I will be able to apply the knowledge learned.	•	0	0	0	0
The training objectives for each topic were identified and followed.	0	0	0	0	0
The content was organized and easy to follow.	0	0	0	0	0
The materials distributed were pertinent and useful.	•	0	0	0	0
6. The trainer was knowledgeable.	0	0	0	0	0
7. The quality of instruction was good.	0	0	0	0	0
The trainer met the training objectives.	0	0	0	0	0
Class participation and interaction were encouraged.	0	0	0	0	0
Adequate time was provided for questions and discussion.	0	0	0	0	0
11. How do you rate the training overall? Excellent Good O	Average		Po C		Very poor



12.	What aspects of the training could be improved?		
13.	Any other comments?		
If you	are happy to provide your name please do so		
*Pleas	se note that there is no obligation to provide your name		

THANK YOU FOR YOUR PARTICIPATION!