

## 6 - MONTH FOLLOW-UP TRAINING FEEDBACK

Name of Participant: >

Company: >

Name of Course: >

Date of Last Training Day: >

*day/month/year*

### EVALUATION AND COMMENTS

**SCALE: 1- STRONGLY AGREE; 2 – AGREE; 3 – NEUTRAL; 4 –DISAGREE; 5 – STRONGLY DISAGREE**

	1	2	3	4	5	<i>Your comments below are highly-appreciated</i>
1. The workshop fulfilled (or exceeded) my pre-course expectations?	<input type="checkbox"/>	> Comments:				
2. The workshop's content was presented in a structured and motivating manner?	<input type="checkbox"/>	> Comments:				
3. The trainer was knowledgeable about language, business and culture?	<input type="checkbox"/>	> Comments:				
4. I still use printed handouts at work ( <i>they are not lost in a binder in my office</i> )?	<input type="checkbox"/>	> Comments:				
5. I still use the "e-documents" and websites to improve my self-learning?	<input type="checkbox"/>	> Comments:				
6. I learned practical tips I still routinely use to improve my job performance?	<input type="checkbox"/>	> Comments:				
7. I feel my company received great value from this trainer and workshop?	<input type="checkbox"/>	> Comments:				
8. I would recommend this workshop to my colleagues and/or HR?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
9. I would like to do some more training on other themes with the same trainer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
10. My suggestions for more training workshops (visit <a href="http://www.mgtopen.com">www.mgtopen.com</a> for ideas) are:	> Comments:					
11: Other Comments:	> Comments:					

**PLEASE RETURN THIS FEEDBACK FORM ASAP TO YOUR MANAGER RESPONSIBLE FOR TRAINING**