



Training Evaluation Form

Staff & Course details:

Name:	Department/Section:
Course Title:	Dates (Start/End):
Type:	Location:

#	Criteria	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overview of the course						
1	My objective from attending the course was achieved					
2	My understanding of the subject has increased after attending the course					
3	My on-the-job performance will increase					
Trainer						
4	Organized & managed time effectively					
5	Is an expert in the field					
6	Gave encouragement and feedback					
7	Maintained interest in the training					
Training Facilities & Location						
8	Traveling to training location (if external)					
9	Duration of the course was appropriate					
10	Training facilities was of an excellent quality					

- 1- Which parts of the training will benefit you most at work?

- 2- What did you like best about the program?

- 3- Is there anything you have not learned in the program?

- 4- Will you be implementing any of the new learning into your work? (yes / no)
 - a. If yes, what will you implement and when?

In 3 months you will receive a training effectiveness questionnaire and it has to be filled with your head of section. Kindly contact the HR if you have any questions.



5- What support you need to implement the learning?

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Overall course rating: ____ (%)

Employee Signature:

Date:

Line Manager Signature:

Date:

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