Staff Training/Session Evaluation Form

Please kindly fill this evaluation form and tick or cross where necessary to help us serve you better.

Your Name: _____ (Optional)

Title of session: _____ **Date:** _____

Please use the following rating scale when answering:

1. Strongly disagree **2. Disagree** **3. Agree** **4. Strongly Agree**

1. The objectives were explained and addressed during the training/session

☐ **1.** ☐ **2.** ☐ **3.** ☐ **4.**

2. I gained a lot of knowledge on the subject matter.

☐ **1.** ☐ **2.** ☐ **3.** ☐ **4.**

3. The training/session was well organised.

☐ **1.** ☐ **2.** ☐ **3.** ☐ **4.**

4. The length of the training/session/presentation was just right.

☐ **1.** ☐ **2.** ☐ **3.** ☐ **4.**

5. The quality of the documentation was good.

☐ **1.** ☐ **2.** ☐ **3.** ☐ **4.**

6. The method of assessment was fair.

☐ **1.** ☐ **2.** ☐ **3.** ☐ **4.**

7. The Trainer(s) presented the training/session well.

☐ **1.** ☐ **2.** ☐ **3.** ☐ **4.**

8. How would you like this Function to improve on the training/presentation(s)/session(s) in future?

_____

_____

9. How else would you like this Function to help you or your Function?

_____

_____

10. Any other comments? (Please turn the page over for additional comments).

_____

_____

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