

Post Event Evaluation – Instructor Led Training

Please help us improve our training programs by responding to this survey.

Email Address _____

INSTRUCTOR

- | | Strongly Disagree | Strongly Agree |
|---|---|----------------|
| | 1 2 3 4 5 6 7 n/a | |
| 1. The instructor was knowledgeable about the subject. | <input type="radio"/> | |
| 2. The instructor's energy and enthusiasm kept the participants actively engaged. | <input type="radio"/> | |

ENVIRONMENT

- | | Strongly Disagree | Strongly Agree |
|--|---|----------------|
| | 1 2 3 4 5 6 7 n/a | |
| 3. The physical environment was conducive to learning. | <input type="radio"/> | |

COURSEWARE

- | | Strongly Disagree | Strongly Agree |
|--|---|----------------|
| | 1 2 3 4 5 6 7 n/a | |
| 4. The scope of the material was appropriate to meet my needs. | <input type="radio"/> | |
| 5. The examples presented helped me understand the content. | <input type="radio"/> | |

LEARNING EFFECTIVENESS

- | | Strongly Disagree | Strongly Agree |
|---|---|----------------|
| | 1 2 3 4 5 6 7 n/a | |
| 6. I learned new knowledge and skills from this training. | <input type="radio"/> | |

JOB IMPACT

- | | Strongly Disagree | Strongly Agree |
|---|---|----------------|
| | 1 2 3 4 5 6 7 n/a | |
| 7. I will be able to apply the knowledge and skills learned in this class to my job. | <input type="radio"/> | |
| 8. What percent of your total work time requires the knowledge and skills presented in this training? Check only one.
<input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% | | |
| 9. What percent of new knowledge and skills learned from this training do you estimate you will directly apply to your job?
<input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% | | |

BUSINESS RESULTS

- | | Strongly Disagree | Strongly Agree |
|---|---|----------------|
| | 1 2 3 4 5 6 7 n/a | |
| 10. This training will improve my job performance. | <input type="radio"/> | |
| 11. Given all factors, including this training, estimate how much your job performance related to the course subject matter will improve.
<input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% | | |
| 12. Based on your response to the prior question, estimate how much of the improvement will be a direct result of this training.
<input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% | | |

BUSINESS RESULTS (Continued)

13. This training will have a significant impact on: (check all that apply)
- increasing quality increasing productivity increasing employee satisfaction
 decreasing costs increasing sales increasing customer satisfaction
 decreasing cycle time decreasing risk

SUPPORT TOOLS

- | | Strongly Disagree | Strongly Agree |
|---|---|----------------|
| | 1 2 3 4 5 6 7 n/a | |
| 14. The participant materials (manual, presentation handouts, etc.) will be useful on the job. | <input type="radio"/> | |
| 15. My manager and I set expectations for this learning prior to attending this training. | <input type="radio"/> | |
| 16. After training, my manager and I will discuss how I will use the learning on my job. | <input type="radio"/> | |
| 17. I will be provided adequate resources (time, money, equipment) to successfully apply this training on my job. | <input type="radio"/> | |

RETURN ON INVESTMENT

- | | Strongly Disagree | Strongly Agree |
|---|---|----------------|
| | 1 2 3 4 5 6 7 n/a | |
| 18. This training was a worthwhile investment in my career development. | <input type="radio"/> | |
| 19. What about this class was most useful to you? | | |
| _____ | | |
| _____ | | |
| 20. What about this class was least useful to you? | | |
| _____ | | |
| _____ | | |
| 21. How can we improve the training to make it more relevant to your job? | | |
| _____ | | |
| _____ | | |
| 22. If you feel you will be successful in applying this learning please provide a few tangible examples of how you will apply it. | | |
| _____ | | |
| _____ | | |