



# Evaluation Form

Your feedback is important to us. It is used to revise and improve courses.  
Please complete all sections and return to the Trainer at the end of the session.

Your name:

School/Office:

Course Title:

E-mail:

Facilitator/Trainer:

Date:

### a) The Facilitator/Trainer

Excellent	Good	Satisfactory	Poor
4	3	2	1

How would you rate their communication style and delivery

How would you rate their ability at passing on skills and knowledge to you

Overall how effective were they at delivering the training Programme

Please comment on your ratings:

### b) Programme Delivery

Excellent	Good	Satisfactory	Poor
4	3	2	1

How would you rate the quality of the training materials provided

How would you rate the relevance of the handouts/documentation

How would you rate the quality of the training facilities

Please comment on your ratings:

### c) Programme Content

Completely	Good	Satisfactory	Irrelevant
4	3	2	1

The content was highly relevant to my job role

I will be able to apply the knowledge and skills I have learnt back in my workplace Yes / No

I would recommend this training programme to colleagues Yes / No

Please comment on your ratings:



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**d) Overall Effectiveness**

List three things you found most beneficial about the training programme:

Please explain why this is the case:

What aspects were of the least benefit to you:

Please explain why this is the case:

What actions are you going to take as a result of attending the training programme:

	Excellent 4	Good 3	Satisfactory 2	Poor 1
How would you rate the training programme overall?				

Thank you for your valuable feedback. Please return the completed form to Organisation and Staff Development office, [staffdevelopment@nuigalway.ie](mailto:staffdevelopment@nuigalway.ie).