

# Downloadable Training Evaluation Form

Course Title: \_\_\_\_\_

Date: \_\_\_\_\_

Trainer: \_\_\_\_\_

## Learner Details

- Name: \_\_\_\_\_
- Department: \_\_\_\_\_
- Job Title: \_\_\_\_\_

## Course Evaluation

Rate the following statements from 1 (Strongly Disagree) to 5 (Strongly Agree).

Statement	1	2	3	4	5	Feedback
The training met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
The topics covered were relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
The pace of the training was right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
The trainer was clear and effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
I feel I can apply what I learned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

<b>I am satisfied with the training.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <hr/>
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**Further Comments**

- What did you like best about this training?

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- What could be improved?

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- Future training topics you are interested in:

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We appreciate your feedback!