

Training Evaluation Form PDF

Training Title: _____

Date: _____

Instructor: _____

Participant Information

- Name: _____
- Department/Team: _____
- Role/Position: _____

Training Evaluation

Please rate the following aspects of the training on a scale from 1 (Poor) to 5 (Excellent).

Aspect	1	2	3	4	5	Comments
Content Relevance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Instructor's Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Presentation Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Participant Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Materials and Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Additional Feedback

- What did you find most valuable about the training?

- What aspects of the training could be improved?

- Would you recommend this training to others? Yes No

- **Additional comments:**

Thank you for your feedback!