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## Training Evaluation Form for Employees

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**Session Title:** \_\_\_\_\_

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

**Conducted By:** \_\_\_\_\_

### Participant Detail

- **Employee Name:** \_\_\_\_\_
- **Position:** \_\_\_\_\_
- **Department:** \_\_\_\_\_

### Evaluation

Assess the following elements on a scale from 1 (Inadequate) to 5 (Excellent).

Element	1	2	3	4	5	Remarks
Relevance to job role	<input type="checkbox"/>	<input type="checkbox"/> _____ _____				
Clarity of content	<input type="checkbox"/>	<input type="checkbox"/> _____ _____				
Trainer's effectiveness	<input type="checkbox"/>	<input type="checkbox"/> _____ _____				

Interactive nature of the training	<input type="checkbox"/>	<input type="checkbox"/> _____ _____				
Usefulness of training materials	<input type="checkbox"/>	<input type="checkbox"/> _____ _____				
Overall value of the training	<input type="checkbox"/>	<input type="checkbox"/> _____ _____				

Additional Insights

- How will this training impact your work?



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- Areas for improvement:



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- Other training needs or suggestions:



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Thank you for your participation and valuable feedback.