**Training Evaluation Template**

**Program Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Facilitator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendee Feedback**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Role/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation Criteria**

Please evaluate the following components of the program using the scale provided.

| **Criteria** | **Very Unsatisfied** | **Unsatisfied** | **Neutral** | **Satisfied** | **Very Satisfied** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| Objectives Clarity | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Trainer Expertise | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Interaction Opportunities | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Practical Application | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Training Materials | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Overall Experience | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Open-Ended Feedback**

* Key takeaways from the session:
☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Suggestions for future sessions:
☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Would you participate in future training? ☐ Yes ☐ No

Your insights are invaluable to us. Thank you!