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# Training Evaluation Template

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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				Very	Comments
	Unsatisfi	Unsatisfi	Neutra	Satisfie	Satisfie	
	ed	ed	l	d	d	
Objectives Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Trainer Expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Interaction Opportuniti es	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Practical Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Training Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

### Open-Ended Feedback

- Key takeaways from the session:



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- Suggestions for future sessions:



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- Would you participate in future training?  Yes  No

Your insights are invaluable to us. Thank you!