

## Training Feedback Form Template

### **Personal Information (Optional)**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Course/Workshop Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Training Evaluation**

#### 1. **Content and Material**

* 1.1 How relevant was the training content to your needs?
❏ Very Relevant ❏ Somewhat Relevant ❏ Not Relevant
* 1.2 How do you rate the quality of the training materials provided?
❏ Excellent ❏ Good ❏ Fair ❏ Poor

#### 2. **Instructor Evaluation**

* 2.1 How knowledgeable was the instructor?
❏ Very Knowledgeable ❏ Somewhat Knowledgeable ❏ Not Knowledgeable
* 2.2 How effectively did the instructor communicate the material?
❏ Very Effectively ❏ Somewhat Effectively ❏ Not Effectively

#### 3. **Training Delivery**

* 3.1 How appropriate was the pace of the training?
❏ Too Fast ❏ Just Right ❏ Too Slow
* 3.2 How interactive was the training session?
❏ Very Interactive ❏ Somewhat Interactive ❏ Not Interactive

#### 4. **Learning Environment**

* 4.1 How comfortable and conducive to learning was the training environment?
❏ Very Comfortable ❏ Somewhat Comfortable ❏ Not Comfortable
* 4.2 How do you rate the overall logistics and organization (e.g., venue, timing, technical setup)?
❏ Excellent ❏ Good ❏ Fair ❏ Poor

#### 5. **Overall Experience**

* 5.1 How satisfied are you with the overall training experience?
❏ Very Satisfied ❏ Somewhat Satisfied ❏ Not Satisfied
* 5.2 Would you recommend this training to others?
❏ Definitely ❏ Maybe ❏ Unlikely

### **Open Feedback**

#### 6. What did you like most about the training?

#### 7. What aspects of the training could be improved?

#### 8. Additional comments or suggestions:

### **Consent for Use of Feedback**

* I agree that my feedback may be used for improving future training sessions. (Your personal information will remain confidential.)
❏ Yes ❏ No

Signature (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_