Training Feedback Form Template

Personal Information (Optional)	
•	Name:
•	Email Address:
•	Course/Workshop Title:
•	Date:
Traini	ng Evaluation
1. Cor	ntent 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 □ 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	
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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:	
Oignature (Optional)	
	