**Training Feedback Form for Employee**

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Your input is invaluable in helping us refine and improve our training programs. Thank you for dedicating time to provide feedback on the training session you recently attended.

#### **Participant Information**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Optional)
* Department/Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Training Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Trainer's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Training Content**

1. Relevance of Training Material to Your Job Role

* Very Relevant
* Somewhat Relevant
* Neutral
* Somewhat Irrelevant
* Very Irrelevant

2. Clarity and Organization of Training Material

* Very Clear and Well Organized
* Somewhat Clear and Organized
* Neutral
* Somewhat Unclear and Disorganized
* Very Unclear and Disorganized

3. Appropriateness of the Training Pace

* Too Fast
* Just Right
* Too Slow

#### **Trainer Evaluation**

4. Knowledge and Expertise of the Trainer

* Highly Knowledgeable
* Knowledgeable
* Neutral
* Somewhat Knowledgeable
* Not Knowledgeable

5. Trainer's Ability to Engage and Motivate Participants

* Highly Effective
* Effective
* Neutral
* Somewhat Ineffective
* Ineffective

6. Clarity of Trainer's Instructions and Explanations

* Very Clear
* Clear
* Neutral
* Somewhat Unclear
* Unclear

7. Trainer's Responsiveness to Questions and Concerns

* Always Responsive
* Usually Responsive
* Neutral
* Rarely Responsive
* Not Responsive

#### **Training Resources and Environment**

8. Quality of Training Materials (e.g., handouts, slides)

* Excellent
* Good
* Fair
* Poor
* Very Poor

9. Suitability of the Training Environment

* Very Suitable
* Suitable
* Neutral
* Somewhat Unsuitable
* Unsuitable

#### **Overall Training Experience**

10. Your Overall Satisfaction with the Training

- Very Satisfied

- Satisfied

- Neutral

- Dissatisfied

- Very Dissatisfied

#### **Open-Ended Feedback**

11. What aspects of the training did you find most valuable?

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12. What areas of the training could be improved?

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13. Any additional comments or suggestions for future training sessions:

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#### **Submission Instructions**

Please return this completed form to the HR department or your direct supervisor. Your feedback is crucial for the ongoing improvement of our training sessions. We appreciate your honest and constructive input.