# Training Feedback Form for Employee

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 I	Information
---------------	-------------

•	Name:	<del> </del>	_ (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**

- 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. Sui	itability of the Training Environment
•	Very Suitable Suitable Neutral Somewhat Unsuitable Unsuitable
Overa	all Training Experience
10. Yo	our Overall Satisfaction with the Training
- Very	Satisfied
- Satis	sfied
- Neu	tral
	atisfied Dissatisfied
Open	-Ended Feedback
 12. W	/hat areas of the training could be improved?
 13. Ar	ny additional comments or suggestions for future training sessions:

•		

### **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.