# **Training Feedback Form for student**

## **Student Information** (Optional)

Name:	(Optional)
Course Title:	
Instructor's Name:	
Training Date:	

### **Course Content**

Relevance of Course Material

- Very Relevant
- Somewhat Relevant
- Neutral
- Somewhat Irrelevant
- Very Irrelevant

Clarity and Organization of Course Material

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

Pace of the Course

- Too Fast
- Just Right
- Too Slow

#### **Instructor Effectiveness**

Knowledge and Expertise of the Instructor

Highly Knowledgeable

- Knowledgeable
- Neutral
- Somewhat Knowledgeable
- Not Knowledgeable

## Ability to Engage and Motivate Students

- Highly Effective
- Effective
- Neutral
- Somewhat Ineffective
- Ineffective

## Clarity of Instruction

- Very Clear
- Clear
- Neutral
- Somewhat Unclear
- Unclear

## Availability for Questions and Assistance

- Always Available
- Usually Available
- Neutral
- Rarely Available
- Not Available

## **Training Resources**

Quality of Training Materials (e.g., handouts, online modules)

- Excellent
- Good
- Fair
- Poor
- Very Poor

# Access to Learning Resources

- Very Accessible
- Accessible
- Neutral
- Somewhat Inaccessible
- Inaccessible

#### **Overall Satisfaction**

Overall Satisfaction with the Training Program

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

# **Open-Ended Feedback**

What did you like most about the training program?	
What aspects of the training program do you feel could be improved?	
Additional comments or suggestions:	

**Submission** 

 Please return this form to your instructor or the training coordinator. Your feedback is invaluable and will be used to improve future training sessions.
Thank you for your participation and candid responses.

[Note: Adjust the scale and options based on the specific context of the training program to ensure the feedback is relevant and actionable.]