

## Training Form for Employees

**Participant Information:**

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Training Session:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_\_

**Feedback on Training:**

* **Content Relevance:** ☐ Excellent ☐ Good ☐ Average ☐ Poor
* **Instructor Effectiveness:** ☐ Excellent ☐ Good ☐ Average ☐ Poor
* **Training Materials:** ☐ Excellent ☐ Good ☐ Average ☐ Poor
* **Venue:** ☐ Excellent ☐ Good ☐ Average ☐ Poor

**Overall Satisfaction:**

* ☐ Very Satisfied
* ☐ Satisfied
* ☐ Neutral
* ☐ Dissatisfied
* ☐ Very Dissatisfied

**Suggestions for Improvement:**

Would you recommend this training to others?

* ☐ Yes ☐ No

**Participant's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_\_