
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: ___ / ___ / _____