**Induction Training Feedback Form**

**We value your feedback on the induction training session to enhance our processes.**

**Trainee Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Training Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Department/Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Training Session Evaluation**

| **Criteria** | **Excellent** | **Good** | **Satisfactory** | **Needs Improvement** |
| --- | --- | --- | --- | --- |
| **Content Clarity** |  |  |  |  |
| **Trainer Effectiveness** |  |  |  |  |
| **Relevance to Role** |  |  |  |  |
| **Overall Experience** |  |  |  |  |

**Comments on Training**

**Suggestions for Improvement**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**