

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: _____