**Training Presentation Feedback Form**

**Date of Training Session:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Trainer's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Topic of Training:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Feedback Areas:**

* Relevance of Training Content
* Clarity of Instructions and Delivery
* Quality of Handouts/Materials
* Opportunity for Interaction and Questions

**How would you rate the trainer's communication skills?**

**Was the training effective? Why or why not?**

**Suggestions for Improvement:**

**Overall Experience:**

**Name of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_