

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: _____