**Restaurant Training Feedback Form**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Trainer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Training Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Training Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **1. Employee Feedback on Training**

* **Did the training cover all necessary topics? ☐ Yes ☐ No**
* **Was the trainer effective in explaining concepts? ☐ Yes ☐ No**
* **Was the training pace appropriate? ☐ Yes ☐ No**
* **Were hands-on training activities helpful? ☐ Yes ☐ No**

## **2. Employee Evaluation of Training Program**

| **Aspect** | **Rating (1-5)** | **Comments** | **Suggestions for Improvement** |
| --- | --- | --- | --- |
| **Trainer’s Knowledge** | **☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5** |  |  |
| **Clarity of Instructions** | **☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5** |  |  |
| **Hands-On Learning** | **☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5** |  |  |
| **Relevance to Job Role** | **☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5** |  |  |
| **Time Efficiency** | **☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5** |  |  |
| **Overall Training Experience** | **☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5** |  |  |
| **Training Material Quality** | **☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5** |  |  |
| **Would You Recommend This Training?** | **☐ Yes ☐ No** |  |  |

## **3. Additional Comments & Suggestions**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Trainer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**