

# 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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Clarity of Instructions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Hands-On Learning	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Relevance to Job Role	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Time Efficiency	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

<b>Overall Training Experience</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
<b>Training Material Quality</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
<b>Would You Recommend This Training?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### 3. Additional Comments & Suggestions

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

**Trainer Signature:** \_\_\_\_\_