Training Evaluation

Name (optional): _____ Date: _____

Directions: Your opinion of this training session is important. Answer items 1–7 by circling the response that best represents your viewpoint. Add comments to explain you rating.

SA = Strongly Agree
A = Agree
U = Undecided
D = Disagree
SD = Strongly Disagree

1. The skills/behaviors I learned in this training session will help me be more effective in my job.

   SA   A   U   D   SD

   Comments:

2. The tips and techniques introduced in this training session will be helpful in my job.

   SA   A   U   D   SD

   Comments:

3. The training session's length was appropriate for the content covered.

   SA   A   U   D   SD

   Comments:

4. The materials used were clear and easy to understand.

   SA   A   U   D   SD

   Comments:

5. The activities helped me understand key learning points.

                              SA   **A**   **U**   **D**   **SD**

Comments:

6. An appropriate mix of practical and theoretical information was provided.

                              SA   **A**   **U**   **D**   **SD**

Comments:

7. The facilitator effectively covered the content of the training session.

                              SA   **A**   **U**   **D**   **SD**

Comments:

For Items 8–12, provide your comments or examples:

8. What was the most important thing you learned during this training session?

9. What did you like best about the training session?

10. What did you like least about the training session?

11. What suggestions do you have to improve this training session?

12. Additional comments