**Participant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Department/Team: |  |
| Date of Training: |  | Training Title: |  |

**Training Content**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How would you rate the overall content of the training?** | | | | |
| Excellent | Good | Fair | Poor | Other: |
| **How relevant was the training content to your job?** | | | | |
| ☐ Very Relevant | ☐ Relevant | ☐ Somewhat Relevant | ☐ Not Relevant | ☐ Other |
| **Were the training objectives clearly defined and met?** | | | | |
| ☐ Strongly Agree | ☐ Agree | ☐ Neutral | ☐ Disagree | ☐ Strongly Disagree |

**Trainer Evaluation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How would you rate the trainer's knowledge of the subject?** | | | | |
| Excellent | Good | Fair | Poor | Other: |
| **How would you rate the trainer's delivery and presentation skills?** | | | | |
| Excellent | Good | Fair | Poor | Other: |
| **How effective was the trainer in encouraging participation and interaction?** | | | | |
| Excellent | Good | Fair | Poor | Other: |
| **Comments on the trainer**: | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

**Training Methods and Materials**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How would you rate the quality of the training materials provided?** | | | | |
| Excellent | Good | Fair | Poor | Other: |
| **How effective were the training methods used (e.g., lectures, group activities, hands-on exercises)?** | | | | |
| Excellent | Good | Fair | Poor | Other: |
| **Were the facilities and equipment adequate and comfortable?** | | | | |
| ☐ Strongly Agree | ☐ Agree | ☐ Neutral | ☐ Disagree | ☐ Strongly Disagree |

**Learning Outcomes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What is your level of confidence in applying the knowledge and skills learned?** | | | | |
| ☐ Very Confident | ☐ Confident | ☐ Somewhat Confident | ☐ Not Confident |  |
| **Do you feel that the training has prepared you to improve your performance?** | | | | |
| ☐ Strongly Agree | ☐ Agree | ☐ Neutral | ☐ Disagree | ☐ Strongly Disagree |

**General Feedback**

|  |  |
| --- | --- |
| What did you like most about the training? |  |
| What did you like least about the training? |  |
| How could the training be improved? |  |
| Additional comments or suggestions: |  |
|  |

**Overall Satisfaction**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How would you rate your overall satisfaction with the training?** | | | | |
| Excellent | Good | Fair | Poor | Other: |

**Follow-Up**

|  |  |  |
| --- | --- | --- |
| Would you recommend this training to others? | ☐ Yes | ☐ No |
| Would you be interested in additional training on this topic or related topics? | ☐ Yes | ☐ No |

Thank you for your feedback!