**Training Evaluation Survey**

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| **Topic/Session** |  | **Date** |  |
| **Employee (optional)** |  | **Presenter** |  |

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| **#** | **Feedback Statement/Question** | **Your Response** |
| 1 | Trainers knowledge on the material was | Excellent | Good | Poor |
| 2 | Training relevance to your needs was | Excellent | Good | Poor |
| 3 | The exercises and learning activities were | Excellent | Good | Poor |
| 4 | The pacing of the trainers delivery was | Just Right | Too Fast | Too Slow |
| 5 | The amount of material covered was | Just Right | Too Much | Too Little |
| 6 | The amount of interaction encouraged was | Just Right | Too Much | Too Little |
| 7 | Was your interest held? | Definitely | Sometimes | Not Really |
| 8 | Was your time well spent in this training? | Definitely | Probably | Not Really |
| 9 | Would you recommend this training to others? | Definitely | Probably | Not Really |

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| **#** | **Question** | **Comment** |
| 10 | What was particularly helpful about the training? |  |
| 11 | What would you recommend changing about the training? |  |
| 12 | What additional training (if any) would be helpful? |  |
| 13 | Other comments or feedback |  |