

TRAINING EVALUATION FORM

Training Session Name: _____ Trainer Name: _____

Participant Name: _____ Department: _____

Training Date: _____

1. Training Content Evaluation:

- a) The objectives of the training were clearly defined. Excellent Good Fair
- b) The training content was relevant to my job. Excellent Good Fair
- c) The material was presented in an organized manner. Excellent Good Fair
- d) The training duration was adequate. Excellent Good Fair
- e) The training materials were helpful and clear. Excellent Good Fair

2. Trainer Evaluation:

- a) The trainer demonstrated knowledge of the subject. Excellent Good Fair
- b) The trainer communicated clearly and effectively. Excellent Good Fair
- c) The trainer encouraged participant interaction. Excellent Good Fair
- d) The trainer was responsive to questions. Excellent Good Fair
- e) The trainer managed time effectively. Excellent Good Fair

3. Learning Outcomes:

- a) I have acquired new skills or knowledge. Strongly Agree Agree
- b) I am confident in applying what I learned. Strongly Agree Agree
- c) The training will improve my job performance. Strongly Agree Agree
- d) I would recommend this training to others. Strongly Agree Agree

4. Facilities and Logistics:

- a) The training venue was comfortable and suitable. Excellent Good Fair
- b) The equipment and materials were adequate. Excellent Good Fair
- c) The training schedule was convenient. Excellent Good Fair
- d) Administrative arrangements were satisfactory. Excellent Good Fair

5. Additional Comments / Suggestions:

I confirm that the above information is accurate and reflects my honest evaluation of the training session. I understand that this evaluation will be used to improve future training programs and may be referenced as part of employee development records.

PARTICIPANT'S SIGNATURE

TRAINER'S SIGNATURE

Signature: _____

Signature: _____

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