

Your Name: \_\_\_\_\_ (Optional)

Country of origin: \_\_\_\_\_ (Optional)

Gender: \_\_\_\_\_ (Optional)

### Instructions

*Information collected with this (or any) evaluation will be tallied and utilized by trainers to determine how to improve future training session's delivery.*

Training Title: \_\_\_\_\_

Date Attended: \_\_\_\_\_

Please select the rating for the each section based on the following criteria:

5=excellent 4=good 3=average 2=fair 1=poor

### Please rate the trainer(s) on the following:

1. Knowledge of the subject matter. 5 4 3 2 1
2. Ability to explain and illustrate concepts. 5 4 3 2 1
3. Ability to answer questions completely. 5 4 3 2 1
4. What specifically did the trainer do well?
5. What recommendations do you have for the trainer to improve?

### Please rate the content and structure of the training:

6. The usefulness of the information received in training. 5 4 3 2 1
7. The structure of the training session(s). 5 4 3 2 1
8. The pace of the training session(s). 5 4 3 2 1
9. The convenience of the schedule. 5 4 3 2 1
10. The usefulness of the training materials. 5 4 3 2 1
11. Was this training appropriate for your level of experience? Yes No

Please explain #11:

12. What did you most like about the training?

13. What can be improved with regard to the structure, format, and/or materials?