

Form #	AD-110-F2	Revision #	01
Accessibility level	A	Effective date	27 April 2015

Training Evaluation Form

Date: / /

Full name (Optional):	Training Leader:
Training Date:	Train Title:

Please tell us what you thought of this course by checking your level of agreement of the following statements.

Criteria / Rate	Excellent	Good	Average	Poor
1) Useful ideas, techniques and skills were presented				
2) Useful content of the workbook				
3) My understanding of this topic was increased				
4) The exercises were well-chosen and appropriate for the topic				
5) The structure and sequence of topics are consistent with the learning objectives				
6) The training leader held my interest				
7) He was knowledgeable about the topic				
8) He responded effectively to questions				
9) He delivered content in a structured manner and was easy to follow				
10) He provided opportunities for active participation				
11) He facilitated exercises/activities effectively				
12) He motivated me to apply what I learned today				
13) The learning objectives were clearly defined and explained				
14) The training was well organized and delivered				
15) The level of language was appropriate for the participants				
16) The duration of the training was appropriate for the topic				
17) The training will impact the overall productivity of the company				
18) I recommend this training to others				

Any other ideas or feedback:

Thank you for completing the training evaluation form. We appreciate your feedback and will take what you say into consideration.