

Training Evaluation

Date Of Training:

Training Topic(s):

1. Did the session have clear objectives?

Yes

No

If you checked No, please explain: _____

2. Did the session have clear objectives?

Yes

No

If you checked No, please explain: _____

3. What did you find MOST useful about this session?

4. What did you find LEAST useful about this session?

5. How do you plan to use what you learned in today's session?

6. Do you think there was sufficient time for this session?

Yes

No

7. Did the session facilitator(s) meet the following expectations?

a. Ability to answer questions

Yes

No

b. Adapt to the group's needs

Yes

No

c. Speak with clarity

Yes

No

d. Proceed at an appropriate pace

Yes

No

8. Other comments or suggestions about the session you would like to share?

10. What other evaluation sessions would you like to attend in the future?
