**Training Effectiveness Evaluation Form**

horizontal line

**Participant Information:**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Training Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Details:**

* Topic Covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the following statements from 1 (Strongly Disagree) to 5 (Strongly Agree):**

1. **Content Relevance**
   * The training content was relevant to my job responsibilities.  
     + 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
2. **Knowledge Gained**
   * I have acquired new skills and knowledge.  
     + 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
3. **Skill Application**
   * I am able to apply the knowledge and skills learned in my job.  
     + 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
4. **Trainer Effectiveness**
   * The trainer was effective in presenting the subject matter.  
     + 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
   * The trainer was engaging and maintained my interest.  
     + 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
5. **Training Methods**
   * The methods and materials used in the training were effective.  
     + 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
6. **Overall Satisfaction**
   * Overall, I am satisfied with the effectiveness of the training.  
     + 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
7. **Impact on Performance**
   * This training will improve my job performance.  
     + 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
8. **Future Application**
   * I feel confident in my ability to apply what I've learned to improve my work.  
     + 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

**Feedback Section:**

* What are the key strengths of the training?
* What aspects of the training could be improved?
* Please provide any additional comments or suggestions:

**Confirmation:**

* Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_