

# Training Effectiveness Evaluation Form

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## 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:

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**Confirmation:**

- Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_