**Training Evaluation Form for Employees**

horizontal line

**Employee Details:**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Details:**

* Training Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Training Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the following aspects of the training:**

1. **Content**
   * Relevance to your job:  
     + Excellent
     + Good
     + Average
     + Poor
   * Clarity of information:  
     + Excellent
     + Good
     + Average
     + Poor
   * Depth of content:  
     + Excellent
     + Good
     + Average
     + Poor
2. **Trainer**
   * Knowledge of the subject:  
     + Excellent
     + Good
     + Average
     + Poor
   * Ability to answer questions:  
     + Excellent
     + Good
     + Average
     + Poor
   * Presentation skills:  
     + Excellent
     + Good
     + Average
     + Poor
3. **Materials and Tools**
   * Quality of training materials:  
     + Excellent
     + Good
     + Average
     + Poor
   * Accessibility of tools:  
     + Excellent
     + Good
     + Average
     + Poor
4. **Overall Experience**
   * How would you rate your overall experience?  
     + Excellent
     + Good
     + Average
     + Poor

**Feedback:**

* What did you like most about the training?
* What aspects of the training could be improved?
* Additional comments:

**Signature:**

* Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_