**Training Evaluation Form for Employees**



**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: \_\_\_\_\_\_\_\_\_\_\_\_