

# Training Evaluation Form for Employees

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## 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: \_\_\_\_\_