Students Feedback Form for Training Program

Program Title: _____

Instructor(s): _____

Date: _____

Location: _____

Instructions:

Please provide your honest feedback about the training program. Your responses are important for improving future sessions.

1. Clarity of Training Objectives

Were the objectives of the training clear and well defined?

☐ Strongly Disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly Agree

2. Instructor Knowledge and Expertise

How would you rate the instructor's knowledge and expertise on the subject matter?

☐ Very Poor

☐ Poor

☐ Average

☐ Good

☐ Excellent

3. Relevance of Content

How relevant was the content to your needs or expectations?

☐ Not relevant at all

☐ Slightly relevant

☐ Moderately relevant

☐ Very relevant

☐ Extremely relevant

4. Interaction and Participation

Was there adequate opportunity for interaction and participation?

☐ Strongly Disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly Agree

5. Practical Application

How practical and applicable was the information presented during the training?

☐ Not applicable

☐ Slightly applicable

☐ Moderately applicable

☐ Very applicable

☐ Extremely applicable

6. Training Materials

How useful were the training materials provided (e.g., handouts, online resources)?

☐ Not useful

☐ Slightly useful

☐ Moderately useful

☐ Very useful

☐ Extremely useful

7. Overall Satisfaction

Overall, how satisfied are you with the training program?

☐ Very Unsatisfied

☐ Unsatisfied

☐ Neutral

☐ Satisfied

☐ Very Satisfied

8. Suggestions for Improvement

Please provide any suggestions that could make this training more effective.

9. Additional Comments

Any other comments or feedback?

Thank you for your feedback!