Training feedback form

Training Event ……..

Date ……..

Your name (optional) …….

We would value your feedback about today's training event. Please circle the statement that best expresses your opinion.

1 **The workshop improved my understanding**

Not at all A little Quite a lot A great deal

2 **The workshop was relevant to my job**

Not at all A little Quite a lot A great deal

3 **I expect to make use of what I learnt when working with older adults**

Not at all A little Quite a lot A great deal

4. **The amount of material covered was**

Too much About right Too little

5 **The presentation was**

Excellent Very good Good Adequate Poor

6 **The workshop leaders related to the group effectively**

Not at all A little Quite a lot A great deal

7 **Overall, I was satisfied with the workshop**

Not at all A little Quite a lot A great deal

8 **What I found most helpful about the workshop was:**

…….

9. **What I found least helpful was:**

…….

10. **How could we improve this training?**

Continue overpage if necessary