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# Training Feedback Form For Employees

## Employee Information:

- Name: \_\_\_\_\_
- Department: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Date of Training: \_\_\_\_\_

## Training Details:

- Training Title: \_\_\_\_\_
- Trainer's Name: \_\_\_\_\_
- Training Duration: \_\_\_\_\_

## Feedback Questions:

### 1. Overall Satisfaction:

- How satisfied were you with the overall training?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

### 2. Training Content:

- How relevant was the training content to your job?

- Very Relevant
- Relevant
- Neutral
- Irrelevant
- Very Irrelevant

### 3. Training Materials:

- How would you rate the quality of the training materials provided?

- Excellent
- Good
- Average
- Poor
- Very Poor

### 4. Trainer Evaluation:

- How knowledgeable was the trainer on the topic?

- Extremely Knowledgeable
- Knowledgeable
- Neutral
- Not Knowledgeable
- Not at All Knowledgeable

- How effective was the trainer's delivery?

- Very Effective
- Effective
- Neutral
- Ineffective
- Very Ineffective

### 5. Learning Outcomes:

- To what extent do you feel you have achieved the learning objectives?

- Completely Achieved
- Mostly Achieved
- Neutral
- Partially Achieved
- Not Achieved

**6. Training Environment:**

- How would you rate the training environment and facilities?

- Excellent
- Good
- Average
- Poor
- Very Poor

**7. Suggestions for Improvement:**

- What suggestions do you have for improving this training?

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**Additional Comments:**

- Please provide any additional comments or feedback.

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**Thank you for your feedback!**