

Training Feedback Form For Students

Student Information:

- Name: _____
- Course/Program: _____
- 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 studies?

- 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. Engagement and Interaction:

- How engaging and interactive was the training session?

- Very Engaging
- Engaging
- Neutral
- Not Engaging
- Not at All Engaging

8. Suggestions for Improvement:

- What suggestions do you have for improving this training?

Additional Comments:

- Please provide any additional comments or feedback.

Thank you for your feedback!