

# Training Feedback Form For Trainees

Date of Training: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Trainee's Name (Optional): \_\_\_\_\_

Course Title: \_\_\_\_\_

**Instructions:** Please provide your feedback on the training by circling the appropriate rating and adding comments where applicable.

## 1. Overall Training Experience

How would you rate your overall experience of the training?

- Excellent
- Good
- Satisfactory
- Poor

**Comments:**

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## 2. Training Content

How relevant and useful was the training content?

- Excellent

- Good
- Satisfactory
- Poor

**Comments:**

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### 3. Trainer's Effectiveness

**How would you rate the trainer's effectiveness in delivering the training?**

- Excellent
- Good
- Satisfactory
- Poor

**Comments:**

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### 4. Training Materials

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

- Excellent
- Good
- Satisfactory
- Poor

**Comments:**

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**5. Engagement and Interaction**

**How engaging and interactive was the training session?**

- Excellent
- Good
- Satisfactory
- Poor

**Comments:**

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**6. Practical Applications**

**How well did the training prepare you for practical applications in your role?**

- Excellent
- Good
- Satisfactory
- Poor

**Comments:**

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## 7. Facilities and Environment

How would you rate the training facilities and environment?

- Excellent
- Good
- Satisfactory
- Poor

**Comments:**

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## 8. Additional Comments

Do you have any additional comments or suggestions for improving the training?

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**Thank you for your feedback!**