



Trainer Evaluation Form Day #1

Trainer Name: _____ **Chauffeur #:** _____

Date: _____

Trainee Name: _____

Instructions: Please circle your level of agreement with the statements listed below.

1=Strongly Agree to 5= Strongly Disagree

Trainee received all welcome/training material.	1	2	3	4	5
Trainee participated in discussion of material.	1	2	3	4	5
Trainer walked New Hire through online portal.	1	2	3	4	5
Trainee watched all training videos.	1	2	3	4	5
Trainee received Evaluation Form.	1	2	3	4	5
You feel Trainee is prepared for next day's training.	1	2	3	4	5

What portion of the training material was most helpful to your trainee? What material did they struggle understanding?

Are there any changes or additions you would like to see in today's training program?

Additional Questions/Comments:
