**TRAINING EVALUATION FORM**

Management is committed to the delivery of high quality training. The information that you provide in this evaluation will assist in the review of the program’s objectives, learning experiences, methods used, content and resources.

**Course Name: Date: / /**

**Name of Facilitator: Duration of Course:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poor | Unsatisfactory | Satisfactory | Good | Excellent |
| 1. **The objectives of the training were clearly defined** 2. **Participation and interaction were encouraged** | 1  1 | 2  2 | 3  3 | 4  4 | 5  5 |
| 1. **The course facilitator was:** |  |  |  |  |  |
| 1. **Knowledgeable about the subject** | 1 | 2 | 3 | 4 | 5 |
| 1. **ability to convey that knowledge** | 1 | 2 | 3 | 4 | 5 |
| 1. **ability to maintain interest and involvement** | 1 | 2 | 3 | 4 | 5 |
| 1. **well prepared** | 1 | 2 | 3 | 4 | 5 |
| 1. **The content was organised and easy to follow** | 1 | 2 | 3 | 4 | 5 |
| 1. **The course handouts and workshop material are useful** | 1 | 2 | 3 | 4 | 5 |

**Name (optional):**

**Work Location / Role:**

**What suggestions would you make to improve the course?**

**Any other comments:**

**Thank you for your feedback!**