**Training Evaluation Report**

**Course Name:**

**Date:**

**Company:**

**Name of Facilitator:**

**Location:**

**Number of Participants:**

|  |  |  |
| --- | --- | --- |
|  | **Yes**  | **No** |
| Training attendance sheet received |  |  |
| Employees records have been updated |  |  |
| Certificates received*(if yes have they been filed on the employees file*) |  |  |
| Copy of notes have been kept |  |  |
| Would you recommend this company? |  |  |
| General feedback of the course:Completed by: Signature:Position: Date: |