## TRAINING EVALUATION FORM

Course name:	
Instructor:	(Please fill out one for each instructor)
Date:	,

Training Quality					
The overall quality of the training I received was high	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This training will be beneficial to me in the performance of my job	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Course Presentation				•	
The methods of content delivery (lectures, PowerPoints, etc.) were appropriate for this course.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The course material was easy to understand and helpful.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The topics were presented in a logical order.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The vocabulary used in the course was clear and easy to understand.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The instructor was knowledgeable and effective.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Course Objectives					
The course covered the material I expected.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The times scheduled for the agenda items were appropriate.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The course met the training objectives.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The course met my training needs.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

• The greatest strengths of the course are:

• This course could be improved by:

• Any other comments: