

**Training Evaluation Form**

**Date :**

**Title and location of training :**

**Trainer :**

**Instructions:**Please indicate your level of agreement with the statements listed below in #1-11.

**Strongly Agree Neutral Disagree** **Strongly**

**Agree Disagree**

1.The objectives of the training ⃝ ⃝ ⃝ ⃝ ⃝

were clearly defined.

2.Participation and Interaction were ⃝ ⃝ ⃝ ⃝ ⃝

encouraged.

3.The topics covered were relevant ⃝ ⃝ ⃝ ⃝ ⃝­

to me.

4.The content was organized and ⃝ ⃝ ⃝ ⃝ ⃝

easy to follow.

5.The materials distributed were helpful. ⃝ ⃝ ⃝ ⃝ ⃝

6.This training experience will be useful ⃝ ⃝ ⃝ ⃝ ⃝

in my work.

7.The trainer was knowledgeable about ⃝ ⃝ ⃝ ⃝ ⃝

the training topics.

8. The trainer was well prepared. ⃝ ⃝ ⃝ ⃝ ⃝

9.The training objectives were met. ⃝ ⃝ ⃝ ⃝ ⃝

10.The time allotted for the training was ⃝ ⃝ ⃝ ⃝ ⃝

sufficient.

11.The meeting room and facilities were ⃝ ⃝ ⃝ ⃝ ⃝

adequate and comfortable.