

TRAINING SESSION - Feedback and Evaluation

Your Name/contact details (Optional) _____

(if you ask a question or have a request needing a response, please include contact information)

Location (city of workplace) _____

Subject of Training Session _____

Name of person providing Training _____

Date of Training Session _____

Did the training meet its objectives?

	Did not meet expectations	Met expectations	Exceeded expectations	Not applicable
Documents understanding				

Overall course evaluation

	Did not meet expectations	Met expectations	Exceeded expectations	Not applicable
Difficulty of training session				
Speed of training session				
Length of training session				
Content covered in training session				
Time allocated for questions				

Content

	Did not meet expectations	Met expectations	Exceeded expectations	Not applicable
Organisation/logical order of content				
Quality of training session slides and handouts				
Relevance of materials				
Ability to relate information to job tasks				
Clarity of presentations/explanations				

What key point/s did you learn from the Week 1 training session?

What information did you feel was missing from the training session?

What additional training would you like to see on this training session for next week? Is there additional material you think the training session should have covered? If so, what?

What feedback can you give about the afternoon sessions with "Department Title" Team

Thank you for your time, your comments will be kept confidential within the Supervisory area, and used to improve on future training programs.