

Evaluation

Name: _____ Email: _____

Employer: _____ Position: _____

Class Date: _____ Class Location: _____

Class Sponsor: _____ Class Title: _____

We strive to offer the best training available and your feedback helps us to continually improve.
Please take a few minutes to answer the questions and provide your feedback.

Your opinion matters.

How would you rate the following:	Fair	Neutral	Good		
1. Your understanding of the topic before the course	1	2	3	4	5
2. Your understanding of the topic after the course	1	2	3	4	5
3. The trainer's understanding of the topic	1	2	3	4	5
4. How interactive the trainer was with the class	1	2	3	4	5
5. The time available for questions and comments	1	2	3	4	5
6. The quality of the answers to the questions	1	2	3	4	5
7. The quality of the overall course	1	2	3	4	5
8. How practical the course is	1	2	3	4	5
9. The quality of the handouts	1	2	3	4	5
10. Usefulness of the materials for future reference	1	2	3	4	5
11. The quality of the facilities	1	2	3	4	5
12. The quality of the course administration	1	2	3	4	5
13. How much you feel this training will benefit you	1	2	3	4	5
14. Likelihood you will implement these strategies	1	2	3	4	5
15. Would you recommend this training to others	1	2	3	4	5

Length of the Training:

- Too Short Short Just Right Long Too Long

Difficulty of the Training:

- Too Simple Simple Just Right Challenging Too Challenging

How this course compares to other similar courses you have taken:

- Much Worse Worse Similar Better Much Better

Please write a few comments on the next page.

Comments

What were some of the most helpful topics in the training?

What would you change about the training? (Instruction, PowerPoints, Handouts, Facilities, Administration ...)

What other training do you feel would be helpful?

Other comments, observations, suggestions:

Pre-Test Score _____

Post-Test Score _____

Instructor: _____

Instructor's Signature: _____