Training Program: Date:

Training: Trainer:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please indicate your level of agreement with each of the following statements:** | **Strongly Agree** | **Agree** | **Neutral Opinion** | **Disagree** | **Strongly Disagree** |
| I understood the learning objectives outlined for this program. |  |  |  |  |  |
| I found the program appropriately challenging (neither too difficult nor too easy). |  |  |  |  |  |
| The session/workshop materials and content held my interest. |  |  |  |  |  |
| The facilitator adequately answered my questions. |  |  |  |  |  |
| The facilitator was able to explain materials in a way I understood. |  |  |  |  |  |
| I had time to practice the skills I learned. |  |  |  |  |  |
| There were distractions that interfered with my learning.  |  |  |  |  |  |
| I anticipate that this training will enable to me to make a positive contribution to my organization, immediately and/or in the future. |  |  |  |  |  |

What overall grade would you give this training program (circle one)?

A+ A A- B+ B B- C+ C C- D+ D D- F

What were the most useful parts of this training session/workshop? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How could this training session/workshop be improved?

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Are there any other thoughts about this training session/workshop, or your responses to the above questions, that you would like to share?

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