# Training Evaluation Form
Xxxxx name of training xxxx

## General Information

| Name (optional) | Today's Date |
|---|---|
|  |  |

## Training-specific questions

| | |
|---|---|
| 1. Questions 1<br>   a. Option 1<br>   b. Option 2<br>   c. Option 3<br>   d. Option 4 | |
| 2. Question 2<br>   a. Option 1<br>   b. Option 2<br>   c. Option 3<br>   d. Option 4 | |
| 3. Question 3<br>   a. Option 1<br>   b. Option 2<br>   c. Option 3<br>   d. Option 4 | |
| 4. Question 4<br>   a. Option 1<br>   b. Option 2<br>   c. Option 3<br>   d. Option 4 | |
| 5. Question 5<br>   a. Option 1<br>   b. Option 2<br>   c. Option 3<br>   d. Option 4 | |
| 6. Question 6<br>   a. Option 1<br>   b. Option 2<br>   c. Option 3<br>   d. Option 4 | |
| 7. Question 7<br>   a. Option 1<br>   b. Option 2<br>   c. Option 3<br>   d. Option 4 | |
| 8. Question 8<br>   a. Option 1<br>   b. Option 2<br>   c. Option 3<br>   d. Option 4 | |
| 9. Question 9<br>   a. Option 1<br>   b. Option 2<br>   c. Option 3<br>   d. Option 4 | |
| 10. Question 10<br>   a. Option 1<br>   b. Option 2<br>   c. Option 3<br>   d. Option 4 | |

## General Evaluation

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|---|
| 11. What was most useful in this training session? |
| 12. What was least useful? |

13. In what ways could be improve this session? (Include items you felt were missing that you would like to learn about.)

| 14. Please rate the following: | Poor | | Average | | Excellent |
|---|---|---|---|---|---|
| a. Effectiveness of trainer | 1 | 2 | 3 | 4 | 5 |
| b. Training room | 1 | 2 | 3 | 4 | 5 |
| c. Training content | 1 | 2 | 3 | 4 | 5 |
| d. Training handouts | 1 | 2 | 3 | 4 | 5 |
| e. Overall rating | 1 | 2 | 3 | 4 | 5 |

15. What topics would you like to see addressed in future sessions?

16. Any other comments?