

Training Evaluation Form

Course Title:

Date:	Instructor:
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Name: <i>(Optional)</i>	Department <i>(Optional)</i>
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What did you like **MOST** about this course?

What did you like **LEAST** about this course?

Please mark an X in the appropriate block, based on a 1-5 scale on the following items

Unsatisfactory 1	Fair 2	Satisfactory 3	Very Good 4	Excellent 5				
				1	2	3	4	5
Training material content (relevant topics, value, etc.)								
How useful to you were the classroom exercises? (if used)								
Classroom layout and setup (appearance, seating, environment)								
Instructor qualities and presentation skills								
Quality of the PowerPoint presentation (if used)								
Quality of any other presentation visual aids, handouts, etc. (if used)								
The degree that your learning expectations were met								
Overall, how would you rate the entire course?								

If you listed “fair” or “unsatisfactory” on any of the above items, how would improve them?

Please list any other comments, ideas, or suggestions that you would like to share with us.