

## Training Evaluation Form [Title of Training - WP, Organiser, Date, Time]

Thank you for your participation in this training.

You are kindly requested to take part in this short survey. Your feedback on the organisational aspects and the overall quality for the training is very valuable to us in our efforts for continuous improvement.

Rate each question on a 1 (strongly disagree) to 5 (strongly agree) scale. Mark only one per row. If you give 1 or 2, please explain why and if it is possible give some advice, using the Comment lines.

All data will be treated confidentially.

Thank you for your valuable time.

	1-Strongly Disagree	2- Disagree	3- Neutral	4- Agree	5-Strongly Agree
<b>The overall training experience</b>					
The training was well planned and organised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The location/venue/platform was satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The materials provided were helpful*.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The objectives of the training were clearly defined and met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The topics of the training were clear and easy to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The length of training was sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training enhanced my understanding on the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was relevant to my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>The Trainer(s)</b>					
The trainer(s) was knowledgeable about the training topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The topics were presented in a clear and understandable manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer(s) encouraged participation, interaction and answered questions clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The communication style of the trainer(s) kept me focused and interested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* If relevant

Was this training appropriate for your level of experience?

- Yes  
 No

Which topics were not covered or insufficiently covered, in your opinion?

Which topics were not relevant in your opinion?

What did you like best about the training?

What suggestions or comments do you have for making the program more effective?

Date:

Your name (not compulsory):

Position

Organisation