Training Feedback Form

Thank you for attending. Your feedback helps us improve future sessions. Fill the checkboxes completely using a blue or black pen. Your responses are confidential.

Rate your experience

Please rate the following.

Please cross one in each line

	Strongly disagree	*Disagree*	*Neutral*	*Agree*	*Strongly agree*
The objectives of the training were met	◯	◯	◯	◯	◯
The trainer was knowledgeable	◯	◯	◯	◯	◯
The pace was appropriate	◯	◯	◯	◯	◯
The materials were useful	◯	◯	◯	◯	◯
The content was relevant to my role	◯	◯	◯	◯	◯
I can apply what I learned	◯	◯	◯	◯	◯

How would you rate this training overall? *(Please cross one)*

- ◯ Excellent
- ◯ Good
- ◯ Fair
- ◯ Poor

Your comments

What was the most valuable part of this training?

What could be improved?

Thank you for your feedback. Please hand this form back to the facilitator before you leave.

To respond ⊗ or ●

DRFT 0001