



PMMI Certified Trainer Program

Customer Feedback Form

Training Coordination

PMMI Trainer – Customer Feedback Form – Training Coordination

Date: _____

Company Name: _____

Evaluator's Name/Title: _____

Phone: _____ Email: _____

Your PMMI certified trainer _____ (name) from _____ (company name) has been coordinating training at your facility _____ (dates).

To maintain his/her PMMI Trainer certification he/she is required to participate in training skill building sessions and to secure feedback from customers where training has been provided. The coordination of the training and documentation is a critical part of your overall training experience with this equipment vendor. **This feedback form is specifically about the training coordination NOT the actual training and the trainer.** Your feedback is one of the ways PMMI can be assured that he/she has provided quality training. Please complete the following feedback form and return it **directly to: Danny Martinez at PMMI**

Please rate the following on a scale of 1 to 5 (5 being the best)						
If a topic was not required by your company please put N/R after it. Where?						
Planning						
• The equipment manufacturer provided clear information about what training services were available.	1	2	3	4	5	N/R
• Before the training was conducted, goals and expectations were jointly identified.	1	2	3	4	5	N/R
• The equipment manufacturer representative provided us with the training proposal we requested in a timely manner and with the details required.	1	2	3	4	5	N/R
• The equipment manufacturer representative provided us with this customer feedback form before training so we were aware of this requirement.	1	2	3	4	5	N/R
• The equipment manufacturer representative conducted a needs assessment to identify our specific needs for customized training.	1	2	3	4	5	N/R
• The equipment manufacturer representative was able to support all our training needs.	1	2	3	4	5	N/R
• The equipment manufacturer representative was able to refer us to alternative resources (translators, training grants, pre-training providers for basic technical skills that may be needed ex. Basic PLC Skills)	1	2	3	4	5	N/R

• The equipment manufacturer representative provided us with sample training documentation , prior to training, for our review.	1	2	3	4	5	N/R
• The documentation was detailed enough yet user friendly and met our needs..	1	2	3	4	5	N/R
• The equipment manufacturer representative was flexible in the scheduling process.	1	2	3	4	5	N/R
• The equipment manufacturer representative shared the information with their trainer and other appropriate staff for effective coordination. (Ex, scheduling, contacts, expectations etc.)	1	2	3	4	5	N/R
• The equipment manufacturer representative kept us aware of any changes in dates for documentation and/or training.	1	2	3	4	5	N/R

Follow Up

• The equipment manufacturer representative provided feedback about the training conducted once completed.	1	2	3	4	5	N/R
• The equipment manufacturer representative provided recommendations about follow-up training to reinforce the new skills.	1	2	3	4	5	N/R

Additional comments

We appreciate the time you have taken to complete this form. This feedback will be a valuable tool to ensure quality training now and in the future.

PMMI
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