

**COUNTY OF LOS ANGELES  
CHIEF EXECUTIVE OFFICE - OFFICE OF SECURITY MANAGEMENT**

**TRAINING EVALUATION FORM**

Course Title: \_\_\_\_\_  
Training Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Trainer: \_\_\_\_\_

**AS A VALUED CUSTOMER, WE APPRECIATE YOUR COMMENTS**

(Please answer each question by checking the appropriate box or filling the blank.)

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1. How useful is this course in increasing your knowledge?  
 **Poor**                       **Fair**                       **Average**                       **Very Good**                       **Excellent**
  
  2. How effective was the presenter/s?  
 **Poor**                       **Fair**                       **Average**                       **Very Good**                       **Excellent**
  
  3. How effective were the visual aids/handouts?  
 **Poor**                       **Fair**                       **Average**                       **Very Good**                       **Excellent**
  
  4. Was enough class time allotted to cover the subject matter?  
 **Yes**                       **No**
  
  5. Is the facility conducive to the training class?  
 **Yes**                       **No**
  
  6. How will the information gained from this class benefit you on the job?  
\_\_\_\_\_
  
  7. What information did you find most useful?  
\_\_\_\_\_
  
  8. What would you have liked to hear more about in the class?  
\_\_\_\_\_
  
  9. What improvements would you recommend?  
\_\_\_\_\_
  
  10. What is your overall rating of the class/workshop?  
 **Poor**                       **Fair**                       **Average**                       **Very Good**                       **Excellent**

Employee Name (Optional): \_\_\_\_\_

Do you wish to be contacted regarding a training related question or concern?     **Yes**     **No**

Telephone Number/E-mail: \_\_\_\_\_