

# TRAINING EVALUATION FORM

### How To Use This Form

All employees who participate in training conducted either internally or externally, **MUST** complete this Form. The information on this form is strictly confidential and will be retained by the Human Resources Department. Individual evaluations will not be disclosed. Statistical data may be distributed from time to time to Management, to assess the effectiveness of the training.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Training Course: \_\_\_\_\_

Date of Training: \_\_\_\_\_

We would like to obtain your opinion on the training that you have participated in. By completing the following questionnaire, you will assist Invotronics in evaluating the effectiveness of the training and also assist us in planning future training.

**Instructions:** Please select the appropriate box, to represent your opinion for each category.

Learning Goals and Objectives	POOR	FAIR	GOOD	EXCELLENT
a) Were the goals of the training understandable and clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Was the course presented in an organized fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Were hands on exercises/examples used to assist in accomplishing objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	POOR	FAIR	GOOD	EXCELLENT
a) Was the training relevant to your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Was the material content adequate and structured well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Was the material easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course Setting/Location	POOR	FAIR	GOOD	EXCELLENT
a) Was the training room comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Did the instructor have good visual aids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Was the room well ventilated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor	POOR	FAIR	GOOD	EXCELLENT
a) Was the training given in a well-presented fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Was the instructor respectful of students opinions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Was the instructor well prepared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Was the instructor knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Evaluation				
a) Will this training assist you in your completing your job duties?	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
b) Would you recommend this training to colleagues/friends?	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
Comments				
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