Training Course Evaluation Form



Project Title:

Project Number:

Document Owner:

| Training Course Evaluation Form | | | | | |
|---|-----------|---------------------------------|------|------|------|
| Employee Name: Trainer: | | Course Title: Training Company: | | | |
| | | | | | |
| Knowledge of subject matter | | | | | |
| 2. Listening skills | | | | | |
| 3. Presentation skills/delivery | | | | | |
| 4. Overall instructor rating | | | | | |
| 5. Topics covered in too much detail | | | | | |
| Course Content: | Excellent | Very Good | Good | Fair | Poor |
| Did course achieved its objectives | | | | | |
| 2. Exercises | | | | | |
| 3. Use of class time | | | | | |
| 4. Overall instructor rating | | | | | |
| Materials: | Excellent | Very Good | Good | Fair | Poor |
| Overall quality of course materials | | | | | |
| 2. Potential value as future reference material | | | | | |
| 3. Value of presentation materials | | | | | |
| 4. Flow / structure of information | | | | | |