Employee Development Training Evaluation Form

In order to assist us with identifying and improving training needs, please take a few moments to evaluate the training session you attended. In addition, with the completion and submission of this form a copy will be placed in your professional development folder in the Office of Human Resources for your records.

Date of Training: _____   **Title of Training: _____**

　　　　　　　mm dd   yy   **Presenter:**　　**---**

　　　　　　　　　　　　　　　Training Contact Hrs:　　**--------------------------**

Please indicate who sponsored your training:

☐ **Human Resources/Employee Development**

☐ **Department Training/Sponsored**

☐ **Campus Other/ Sponsored**

☐ **Professional Association/ Sponsored**

☐ **Other/Sponsored:**

Please indicate the delivery type of your Training:

☐ **Web- Based**

☐ **Classroom/Lecture**

☐ **Reading Materials**

☐ **Hands- On Training**

☐ **Workshop- Off Campus**

Did you receive ?

Location of Training Site:

If other, please indicate where: _____

Please rate the following elements using the drop-down boxes on a scale of 1-5 (1 Unsatisfactory to 5 Excellent):

Location:

Usefulness of Examples:

Relevance to your position/job:

Overall satisfaction of training session received:

Additional Comments:

Did the training meet your expectations? If so, indicate why or why not.

Please indicate what aspect of training received was most valuable?

What could be improved?

Did you receive handout materials?

Were materials easy to understand?

Why did you choose this training?

Do you have suggestions for future training/Web workshop topics?

This information is for assessment and Employee Development Training opportunities only. Your name and comments will not be provided to anyone and will only be used for summary data.

If you choose to provide your name and position below, you will receive professional development credit for the above training in your portfolio in order to meet the ASU Beebe standard of 8 hours of professional development each evaluation year.

Name: _____   *Position: _____*

Date Submitted: _____