



Division of Workforce Development Training Evaluation

Course Name:

Date:

Instructor's Name:

Your feedback about your training experience is highly valued and important to our continuous improvement efforts. Please respond to the statements below by circling the appropriate number for each. Your responses will remain anonymous. Please do not put your name on this evaluation sheet.

Please rate each statement and indicate your level of agreement by circling the appropriate number.

Strongly Agree – 4

Agree – 3

Disagree – 2

Strongly Disagree - 1

1. <u>The objectives of this training were clearly stated.</u>	4	3	2	1
2. <u>The instructor(s) was knowledgeable on the topic.</u>	4	3	2	1
3. <u>I would like to work with this instructor(s) again.</u>	4	3	2	1
4. <u>The instructor(s) used relevant examples to support training objectives.</u>	4	3	2	1
5. <u>The instructor(s) actively involved the participants.</u>	4	3	2	1
6. <u>The information and skills presented in this training are relevant to my work.</u>	4	3	2	1
7. <u>I will use the information provided in this training.</u>	4	3	2	1
8. <u>If provided, printed materials were clear and helpful.</u>	4	3	2	1
9. <u>Overall, the training met my expectations.</u>	4	3	2	1

What are one or more things you like about this training?

What did you like least about the training?

What suggestions would you make to improve this training for others?

Additional comments: