

Training Course Student Satisfaction Survey

Thank you for participating in our training course. Please take a few minutes to fill out this satisfaction survey. This printed form will help us improve our future training programs.

General Information

Course Title:

Instructor Name:

Date of Training:

Student Name (Optional):

Course Content and Organization

Please rate the following items on a scale from 1 to 5 (1 = Strongly Disagree, 5 = Strongly Agree):

1. The course objectives were clearly defined and met:

2. The topics covered were relevant and well-structured:

3. The instructional materials and hand-outs were helpful:

4. The pace of the course was appropriate for my learning speed:

Instructor Performance

Please rate the instructor on a scale from 1 to 5 (1 = Strongly Disagree, 5 = Strongly Agree):

5. The instructor was knowledgeable about the topic:

6. The instructor encouraged questions and active participation:

7. The instructor explained concepts clearly and effectively:

Written Feedback

What aspect of the training did you find most valuable?

What aspects of the training could be improved?

Please share any additional comments or suggestions: