

# Post-Training Evaluation Form

Please complete this evaluation form to help us improve future training sessions. This printed copy will be collected by the administrator.

## 1. General Information

Trainee Name:

Training Title:

Trainer/Facilitator Name:

Date of Training:

## 2. Content and Organization

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

The training objectives were clearly defined and met:

The topics covered were structured and easy to follow:

The content of this training is highly relevant to my job:

The pace of the training was appropriate for learning:

## 3. Trainer Evaluation

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

The trainer was knowledgeable about the topics:

The trainer encouraged participation and questions:

## 4. Feedback and Comments

What aspect of the training did you find most useful?

What areas of the training could be improved?

Any other comments or suggestions?