

# Employee Training Satisfaction Survey

Thank you for participating in our recent training session. Please take a few moments to fill out this survey. Your feedback is highly valuable and helps us improve our training programs.

## 1. General Information

Employee Name:

Department:

Training Title:

Instructor / Facilitator Name:

Date of Training:

## 2. Course Content and Delivery

Please rate the following statements by writing a number from 1 to 5 (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree):

The training objectives were clearly defined and met.

The content was relevant to my job and daily tasks.

The pace of the training was appropriate.

The training materials (slides, handouts, etc.) were useful.

The instructor was knowledgeable and effective.

## 3. Overall Satisfaction and Comments

What aspect of the training did you find most valuable?

What aspect of the training could be improved?

What other training topics would you like to see offered in the future?