

Technical Skills Training Evaluation Form

Please complete this evaluation form to help us improve future training sessions. This form is designed for printing and manual or digital completion.

General Information

Participant Name:	<input type="text"/>
Date of Training:	<input type="text"/>
Training Course Title:	<input type="text"/>
Instructor/Trainer Name:	<input type="text"/>

Course Evaluation

Please rate the following aspects of the training on a scale from 1 (Poor) to 5 (Excellent) by entering the number in the box, or write your comments.

Evaluation Criteria	Rating (1 - 5)	Specific Comments / Feedback
Content Relevance: The technical depth was appropriate for my role.	<input type="text"/>	<input type="text"/>
Course Structure: The topics flowed logically and were easy to follow.	<input type="text"/>	<input type="text"/>
Hands-on Labs: Practical exercises were helpful and worked as expected.	<input type="text"/>	<input type="text"/>
Instructor Knowledge: The trainer demonstrated expertise in the subject matter.	<input type="text"/>	<input type="text"/>
Instructor Delivery: Explanations were clear and questions were answered effectively.	<input type="text"/>	<input type="text"/>
Training Environment: Hardware, software, and tools were properly set up.	<input type="text"/>	<input type="text"/>
Pace: The speed at which the material was covered was appropriate.	<input type="text"/>	<input type="text"/>

Open-Ended Feedback

1. What was the most valuable part of this technical training?

2. What topics or technologies do you wish had been covered in more detail?

3. Please provide any additional comments or suggestions for improving this training course: