

Annual Employee Training Survey

Please complete this survey to help us evaluate the effectiveness of this year's training programs and plan for future professional development opportunities. Since this is a printed copy, please write legibly in the spaces provided.

General Information

Employee Name:

Department:

Job Title:

Date:

Past Training Evaluation

List the training sessions you attended this past year:

Which training session did you find most valuable, and why?

How have you applied the skills learned from these sessions to your daily work?

Future Training Needs

What specific skills or topics would you like to develop in the coming year?

What is your preferred training format? (e.g., Online Self-Paced, Classroom, Hands-on Workshop):

How do these proposed training sessions align with your professional career goals?

Feedback and Suggestions

What improvements would you suggest for our overall employee training program?

Additional Comments or Suggestions: