**TRAINING EVALUATION FORM**

The information that you provide in this evaluation will assist in the review of the program’s objectives, learning experiences, methods used, content and resources.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course Name:** |  | | | | | |
| **Name of Facilitator:** |  | | | | | |
| **Duration of Course:** |  | | | | | |
| **Date:** |  | | | | | |
| **Please indicate your response for each question** | | **Poor** | **Unsatisfactory** | **Satisfactory** | **Good** | **Excellent** |
| 1. The objectives of the training were clearly defined | |  |  |  |  |  |
| 1. Participation and interaction were encouraged | |  |  |  |  |  |
| 1. The course facilitator was: | | | | | | |
| 1. knowledgeable about the subject | |  |  |  |  |  |
| 1. ability to convey that knowledge | |  |  |  |  |  |
| 1. ability to maintain interest and involvement | |  |  |  |  |  |
| 1. well prepared | |  |  |  |  |  |
| 1. The content was organised and easy to follow | |  |  |  |  |  |
| 1. The course handouts and workshop material are useful | |  |  |  |  |  |

Name (optional):

Work Location / Role:

What suggestions would you make to improve the course?

Any other comments:

**Thank you for your feedback!**