

**TRAINING EFFECTIVENESS EVALUATION FORM**

Course Title:

Date:

Trainer:

Learner name (optional):

**Your feedback is important. Your feedback assists in continuous improvement and action planning.**

ENGAGEMENT

Rating Scale Questions. Circle the number that represents your learning experience

1. I took responsibility for being fully involved during this program

Strongly Disagree

Strongly Agree

1

2

3

4

5

6

7

8

9

10



2. My learning was enhanced by the facilitator

Strongly Disagree

Strongly Agree

1

2

3

4

5

6

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8

9

10

3. This program held my interest

Strongly Disagree

Strongly Agree

1

2

3

4

5

6

7

8

9

10

OPEN-ENDED QUESTIONS

4. Was there anything about your experience that interfered with your learning? If so, what?

5. What suggestions do you have that would have increased your involvement?

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6. What could have made the session more effective?

 PREDICTIVE

11. I believe I will see an impact in the following areas as I consistently apply what I learned (check all that apply):

* Increased productivity
* Improved quality
* Increased personal confidence
* Increased customer satisfaction
* Stronger relationships with my colleagues
* More respect from my peers

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**Thank you for your time and feedback. Please hand the completed form to your trainer**

10. What was your over all rating of the presenter / trainer?

Strongly Disagree

Strongly Agree

1

2

3

4

5

6

7

8

9

10

9. I will be able to use what I learned immediately

Strongly Disagree

Strongly Agree

1

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3

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10

1. I understand how to apply what I learned on the job

Strongly Disagree

Strongly Agree

1

2

3

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9

10

8. The course material will be helpful for my future success

Strongly Disagree

Strongly Agree

1

2

3

4

5

6

7

8

9

10

RELEVANCE

Rating Scale Questions. Circle the number that represents your learning experience

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