

Training / Learning Evaluation Form

Please complete and copy this questionnaire after your training takes place. Your thoughts and recommendations will enable us to improve the service we offer to you in the future.

Name:	Job Title:
E-mail Address:	

Trainer:	Date of Course:	Venue:
Course Title:		

Which section of the course was most valuable in relation to your role?

What were the shortcomings, if any?

How could the course be improved for future delegates?

What other areas would you like to cover in the future?

Overall comments:

	Exceeds Expectations	Very Well	Adequately	A Little	Not At All
How well did the course meet your needs?					
	Excellent	Very Good	Good	Satisfactory	Poor
How would you rate course content?					
How would you rate course preparation?					
How would you rate the course delivery?					
How well did the trainer encourage interaction?					
How would you rate the trainer's pace & timing?					
What is your overall view of the course?					

Thank you, please hand back to your course tutor immediately.