

LOGO	Training Evaluation Form	Doc Ref #: XYZ/IMS/QHSE/F/00 Issue Date: DD-MM-YYYY Rev #: 00 Page 1 of 1
	QHSE Form	
	Organization Name	

Please share your feedback about the training, (✓) correct option below against every criteria.

S/#	Criteria	1	2	3	4	5
1	The training met my expectations.					
2	I shall be able to apply the knowledge.					
3	The objective of every topic was identified and followed.					
4	The content was easy to follow and well organized.					
5	The training location was suitable and easy to access.					
6	Trainer had knowledge of training, he delivered?					
7	The trainer was good, friendly and deliverable.					
8	Participants were encouraged to participate and interact.					
9	Adequate time was given for questions and discussions.					
10	Rate the training overall					
11	Comments					

Name	Position	Signatures

Date: _____