

Learner Evaluation Form

We need your feedback to assist us to continue to improve the effectiveness of our training program. To do this, we ask you to complete this evaluation form. This evaluation includes three sections. Please complete all three (3) sections.

Name of training program:	
Trainer/Facilitator name:	
Date of training program:	

Section 1: Training program					
Criteria <i>Click on the checkbox to indicate your response.</i>	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The training program met my objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content of the training program was relevant to my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I developed new skills during the training program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found the training materials easy to read and follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found the environment suitable for learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this training program to a work colleague or a friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt my needs were sufficiently addressed during the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was encouraged to participate during class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with sufficient support during my course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Trainer/Facilitator					
Criteria <i>Click on the checkbox to indicate your response.</i>	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The trainer showed a thorough knowledge of the subjects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer made the training program interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer spoke clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The trainer answered, clarified and explained questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer provided regular feedback about my progress during the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer was engaging and made the course engaging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: General feedback
The best part of the training program was:
I didn't enjoy:
I learned:
I wish we had time to:
The trainer could make the course better by:
One last comment:

Thank you for taking the time to help us improve our training.