



# Training Feedback Form

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Department Internal

Name	
Designation	
Training Topic	
Trainer Name	

Please indicate your impressions of the items listed below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training met my expectations.					
2. I will be able to apply the knowledge learned.					
3. The training objectives for each topic were identified and followed.					
4. The content was organized and easy to follow.					
5. The materials distributed were pertinent and useful.					
6. The trainer was knowledgeable.					
7. The quality of instruction was good.					
8. The trainer met the training objectives.					
9. Class participation and interaction were encouraged.					
10. Adequate time was provided for questions and discussion.					

11. How do you rate the training overall?

Excellent	Good	Average	Poor	Very poor

12. What aspects of the training could be improved?

13. Other comments?