

TRAINING WORKSHOP EVALUATION

Workshop title: _____

Trainer(s') name(s): _____ Date: _____

TRAINING CONTENT & DELIVERY: Circle the number in the scoring range that most closely represents your views.

• **To what extent have my personal learning goals been achieved?**

Not at all

1	2	3	4	5	6
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 Fully

• **This training will help or be useful in my job.**

A little

1	2	3	4	5	6
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 A lot

• **My skills improved or increased after this training.**

A little

1	2	3	4	5	6
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 A lot

• **I am leaving the training with information and resources.**

A little

1	2	3	4	5	6
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 A lot

• **Overall, how would you rate this training?**

Poor

1	2	3	4	5	6
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 Excellent

Not useful at all

1	2	3	4	5	6
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 Very useful

Not interesting at all

1	2	3	4	5	6
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 Very interesting

Limited discussions

1	2	3	4	5	6
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 Good discussions

Poor use of time

1	2	3	4	5	6
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 Good use of time

• **How would you rate this trainer?**

Poor

1	2	3	4	5	6
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 Excellent

Do not recommend

1	2	3	4	5	6
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 Recommend

OTHER FEEDBACK:

1. **Something I learned today that I will use in my job...**

2. **Something I wish I had learned more about...**

Please share any additional comments, feedback, and/or suggestions: