

# Trainer Evaluation Form

## Training Details

Course Title\*: \_\_\_\_\_

Training Date\*: \_\_\_\_\_

Location: \_\_\_\_\_

Trainer Name\*: \_\_\_\_\_

## Participant Details

Your Name\*: \_\_\_\_\_

Department: \_\_\_\_\_

Role/Position: \_\_\_\_\_

Email: \_\_\_\_\_

## Trainer Evaluation

Clarity of Presentation\*: \_\_\_\_\_ > Options: 1 - Poor, 2 - Fair, 3 - Good, 4 - Very Good, 5 - Excellent

Knowledge of Subject\*: \_\_\_\_\_ > Options: 1 - Poor, 2 - Fair, 3 - Good, 4 - Very Good, 5 - Excellent

Engagement with Participants\*: \_\_\_\_\_ > Options: 1 - Poor, 2 - Fair, 3 - Good, 4 - Very Good, 5 - Excellent

Pace of Delivery\*: \_\_\_\_\_ > Options: 1 - Too Slow, 2 - Slightly Slow, 3 - Just Right, 4 - Slightly Fast, 5 - Too Fast

Quality of Training Materials\*: \_\_\_\_\_ > Options: 1 - Poor, 2 - Fair, 3 - Good, 4 - Very Good, 5 - Excellent

Overall Rating\*: \_\_\_\_\_ > Options: 1 - Poor, 2 - Fair, 3 - Good, 4 - Very Good, 5 - Excellent

Would you recommend this trainer?

## Additional Feedback

Additional Comments or Suggestions:

\_\_\_\_\_  
\_\_\_\_\_

Participant Signature\*: \_\_\_\_\_ (Sign above)