

Training Feedback Form

Course Details

Course Title*: _____

Course Date*: _____

Trainer Name*: _____

Feedback

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

Content Clarity Rating: _____ > Options: 1 - Poor, 2 - Fair, 3 - Good, 4 - Very Good, 5 - Excellent

Trainer Effectiveness Rating: _____ > Options: 1 - Poor, 2 - Fair, 3 - Good, 4 - Very Good, 5 - Excellent

Materials Quality Rating: _____ > Options: 1 - Poor, 2 - Fair, 3 - Good, 4 - Very Good, 5 - Excellent

Would you recommend this course?: _____ > Options: Yes, No, Maybe

Additional comments: _____

Participant Information

Participant Name: _____

Participant Email: _____

Participant Signature: _____ (Sign above)