



Please take a few minutes to complete this evaluation. Your feedback is important to us as we seek to improve our training activities. Thank you.

Your name:
Job title:
Training activity title:
Start date:

Please circle the numbers to mark questions 1- 10.

1. The activity met the stated objectives...	slightly 1 2 3 4 5 6 completely
2. The length of the activity was...	too short 1 2 3 4 5 6 too long
3. Your skill development during the activity met your expectations...	hardly 1 2 3 4 5 6 completely
4. The facilitator's knowledge appeared to be...	poor 1 2 3 4 5 6 excellent
5. The facilitator's teaching methods were...	poor 1 2 3 4 5 6 excellent
6. The amount of practical/practice sessions was...	too low 1 2 3 4 5 6 too high
7. Your level of confidence in using your new skills is...	low 1 2 3 4 5 6 high
8. Rate the relevance to your job...	low 1 2 3 4 5 6 high
9. You would recommend this activity to others...	not at all 1 2 3 4 5 6 definitely
10. The facilities were...	poor 1 2 3 4 5 6 excellent

Were you prepared for the activity? Did you have a briefing with your manager?

What else would have been useful to know before you attended this activity?

Please describe your feelings about the activity. Which parts were handled well, which could be improved? (In this case, what improvements?) Would you change the amount of time devoted to any part of the activity? Would you increase or decrease practical/practice sessions?

Is anything missing from the activity?

How will attending this activity help you in your everyday role? Will it help you significantly improve your contribution to the business?

Do you expect to have a debrief with your manager after the activity to discuss your reactions to the activity? How will you plan to reinforce what you have learned? What steps will you take to use the new skills?