

# Training Feedback Form

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Course Title: Train-The-Trainer (T3)

Date \_\_\_\_\_

Instructor: \_\_\_\_\_

Your Name (Optional): \_\_\_\_\_

Using the rating scale below, circle the number that you believe is the most accurate.

**Rating Scale: 1= Poor 3 = Average 5 = Excellent**

## Trainer

Clarity of Presentation	1	2	3	4	5
Knowledge of Subject Matter	1	2	3	4	5
Encouraged Participation	1	2	3	4	5

## Training Materials (Training Manual, Slides and Video)

Understandable	1	2	3	4	5
Well Organized	1	2	3	4	5
Professional Appearance	1	2	3	4	5

**What Will You Do Differently Because of This Training?**

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**What Other Comments or Suggestions Do You Have?**

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