

Training Feedback Form

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?

What Other Comments or Suggestions Do You Have?

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