## **Training Feedback Form**

Course Title: Train-The-Trainer (T3)				Date		
Instructor:						
Your Name (Optional):						
Using the rating scale below, circl	e the nui	mber that you	ı believe is	the most a	iccurate.	
Rating Scale: 1= Poor 3 = Average				ellent		
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	
Understandable	1	2	3	4	5	
Training Materials (Training Manual, Slides and Video)						
				4	1	
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 Cor	mments (	or Suggestion	s Do You F	lave?		

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