

Evaluation Form

Instructor: _____ Date: _____ Location: _____

In your view, what were the three most important strengths of the program?

1. _____
2. _____
3. _____

In your view, what were the three most important weakness of the program?

1. _____
2. _____
3. _____

Please evaluate the technical level of this training

- A. It was too technical for such a short time
- B. It should have been more technical
- C. It was at the right technical level

The course material has been

- A. Totally new to me
- B. Mostly new to me
- C. Somewhat new to me
- D. I knew most of it before

The instructor's contribution to the training process was valuable.

- A. Strongly agree
- B. Agree
- C. Neutral
- D. Disagree
- E. Strongly disagree

Were the materials, hand-outs and /or activities useful?

1. Yes
2. No
3. Don't know

Comments: _____

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Were the teaching methods effective?

1. Yes
2. No
3. Don't know

Comments: _____

The classroom temperature was comfortable?

4. Yes
5. No
6. Don't know

Comments: _____

There was no background noise in the classroom?

7. Yes
8. No
9. Don't know

Comments: _____

Please share with us your overall evaluation of this training

1. I would recommend this training enthusiastically to others in my workplace
2. I would recommend this training to others in my workplace
3. I would not recommend this training to others in my workplace

Other thoughts and ideas:
