

Sample Training Evaluation Form

I am a: Area Supervisor Data collector Data entry personnel

Please indicate your impressions of the items listed below.

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|---------------------------------------|--|---|--|---|
| 1. The training met my expectations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I will be able to apply the knowledge learned. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The training objectives for each topic were identified and followed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The content was organized and easy to follow. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The materials distributed were pertinent and useful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The trainer was knowledgeable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The quality of instruction was good. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The trainer met the training objectives. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Class participation and interaction were encouraged. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Adequate time was provided for questions and discussion. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. How do you rate the training overall? | Excellent <input type="checkbox"/> | Good <input checked="" type="radio"/> | Average <input checked="" type="radio"/> | Poor <input checked="" type="radio"/> | Very poor <input checked="" type="radio"/> |

10. What aspects of the training could be improved?

11. Other comments?

THANK YOU FOR YOUR PARTICIPATION!