Training Evaluation Form

Please complete this form before you leave the session or within 24 hours. Your answers help us improve the course. Responses are reviewed in summary by the training team; your name is optional.

SESSION DETAILS

Course / session title

Trainer / facilitator

Date of session

Delivery format

☐ In person ☐ Virtual live ☐ Self-paced e-learning ☐ Blended ☐ On-the-job

Your department / team (optional)

Your name (optional)

How long have you been in your current role?

☐ Less than 3 months ☐ 3 to 12 months ☐ 1 to 3 years ☐ More than 3 years

RATE EACH STATEMENT (1 = STRONGLY DISAGREE, 5 = STRONGLY AGREE)

The objectives of the session were clear from the start.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The content is relevant to the work I actually do.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The examples and exercises reflected real situations in my job.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I had enough time to practice, not just listen.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The trainer explained things clearly and answered questions well.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The materials (slides, handouts, job aids) will be useful after today.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The pace was right for me.

☐ Too slow ☐ About right ☐ Too fast

The length of the session was right for the content.

☐ Too short ☐ About right ☐ Too long

The room, platform or technology worked well.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

LEARNING AND CONFIDENCE

Before this session, my confidence doing [the skill or task] was:

☐ 1 - Not confident ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Very confident

After this session, my confidence doing [the skill or task] is:

☐ 1 - Not confident ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Very confident

The most useful thing I learned today was:

One thing I will do differently at work in the next two weeks:

What might stop me from applying this (tools, time, process, manager support):

OVERALL

Overall rating of the session

☐ 1 - Poor ☐ 2 - Fair ☐ 3 - Good ☐ 4 - Very good ☐ 5 - Excellent

Would you recommend this session to a colleague in a similar role?

☐ Yes ☐ Maybe ☐ No

What should we remove or shorten?

What should we add or spend more time on?

Any other comments

30-DAY FOLLOW-UP (COMPLETED BY THE PARTICIPANT'S MANAGER)

Participant name

Manager name

Date of follow-up

Is the participant applying the skill on the job?

☐ Consistently ☐ Sometimes ☐ Rarely ☐ Not yet observed

Evidence observed (examples, QA scores, output or error data)

Has the target metric for this training moved?

☐ Improved ☐ No change ☐ Declined ☐ Too early to tell

Further support needed

Manager signature

Date