



# Training Evaluation Survey

Title of Training:	
Location:	
Date:	Time:
Presenter(s):	

**Please take a few moments to rate the training.  
Return completed form to Human Resource Services, Box 770.**

	Excellent	Good	Fair	Poor
The information presented is relevant to my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presenters were knowledgeable and well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The resource materials will be helpful to me in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training and handouts were well organized and increased my understanding of the topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the overall training provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any additional training topics you would like us to present.

Additional Comments:

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Location: \_\_\_\_\_

**Thank you for your feedback!**