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|  | **Human Resource Services** |
| **Training Evaluation Survey** |
| **for Supervisors** |

*Your feedback on the quality and usefulness of this training is important to us. We use your feedback to improve our services and offer quality professional development opportunities. Please take a few moments to rate the training and submit at the end of the training session.*

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

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| ➊ Trainer: The trainers were knowledgeable and well organized. | Excellent  🞎 | Good  🞎 | Fair  🞎 | Poor  🞎 |
| ➋ Course: The resource information and materials increased my knowledge and understanding of the topics. | Excellent  🞎 | Good  🞎 | Fair  🞎 | Poor  🞎 |
| ➌ Handouts: The handouts were well organized. They will be helpful to me in my work. | Excellent  🞎 | Good  🞎 | Fair  🞎 | Poor  🞎 |
| ➍ Usefulness: Please rate how relevant the information will be in your work and/or personal life? | Excellent  🞎 | Good  🞎 | Fair  🞎 | Poor  🞎 |
| ➎ Overall: How would you rate the overall training provided? | Excellent  🞎 | Good  🞎 | Fair  🞎 | Poor  🞎 |

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

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| Additional Comments: |

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| Employee Name: | Title: |
| Location: | **Thank you for your feedback!** |