



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.

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

| | | | | |
|---|---------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 1 <u>Trainer</u> : The trainers were knowledgeable and well organized. | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 2 <u>Course</u> : The resource information and materials increased my knowledge and understanding of the topics. | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 3 <u>Handouts</u> : The handouts were well organized. They will be helpful to me in my work. | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 4 <u>Usefulness</u> : Please rate how relevant the information will be in your work and/or personal life? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 5 <u>Overall</u> : How would you rate the overall training provided? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <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!