**Training Acknowledgment and Evaluation Form**

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| --- | --- | --- | --- |
| **Organization Name:** |  | | |
| **Department:** |  | **Trainer’s Name:** |  |
| **Training Title:** |  | **Date(s) of Training:** |  |
| **Duration:** | (hours) | **Location (if applicable):** |  |

**Section 1: Acknowledgment**

I hereby confirm that I have attended and completed the above-mentioned training program. I understand and acknowledge that the information provided during this training is essential to my job performance and compliance with company policies.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | **Employee ID:** |  |
| **Signature:** |  | **Date:** |  |

**Section 2: Training Evaluation**

Please rate the following aspects of the training:  
(5 = Excellent | 4 = Good | 3 = Fair | 2 = Poor | 1 = Very Poor)

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| --- | --- | --- | --- | --- |
| **Criteria** | **5** | **4** | **3** | **2** |
| 1. Relevance of the training content | ☐ | ☐ | ☐ | ☐ |
| 2. Trainer’s knowledge of the topic | ☐ | ☐ | ☐ | ☐ |
| 3. Trainer’s presentation skills | ☐ | ☐ | ☐ | ☐ |
| 4. Clarity of training materials | ☐ | ☐ | ☐ | ☐ |
| 5. Opportunities for interaction/questions | ☐ | ☐ | ☐ | ☐ |
| 6. Practical application to job | ☐ | ☐ | ☐ | ☐ |
| 7. Training duration and pacing | ☐ | ☐ | ☐ | ☐ |
| 8. Overall satisfaction with the training | ☐ | ☐ | ☐ | ☐ |

**Section 3: Comments and Suggestions**

1. **What did you find most useful in this training?**

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1. **What could be improved for future sessions?**

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1. **Additional topics you would like to learn about:**

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**Section 4: Trainer’s Remarks (Optional)**

**Trainer’s Comments:**

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**Trainer’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_