**Training Feedback Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** |  | **Training Title:** |  |
| **Trainer/Facilitator:** |  | **Date:** |  |
| **Department:** |  | **Participant Name (optional):** |  |

**Section 1: Training Content Evaluation**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Evaluation Criteria** | **Rating (1 = Poor, 5 = Excellent)** | **Comments** |
| 1 | Relevance of training content to your job | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |
| 2 | Clarity of objectives and learning outcomes | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |
| 3 | Quality and usefulness of training materials | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |
| 4 | Practical applicability of content | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |
| 5 | Overall satisfaction with the training content | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |

**Section 2: Trainer Evaluation**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Evaluation Criteria** | **Rating (1 = Poor, 5 = Excellent)** | **Comments** |
| 6 | Trainer’s knowledge and expertise | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |
| 7 | Trainer’s communication and presentation skills | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |
| 8 | Trainer’s ability to engage participants | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |
| 9 | Responsiveness to participant questions | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |
| 10 | Overall rating of the trainer | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |

**Section 3: Training Logistics**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Evaluation Criteria** | **Rating (1 = Poor, 5 = Excellent)** | **Comments** |
| 11 | Venue/facility suitability | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |
| 12 | Duration and timing of sessions | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |
| 13 | Audio-visual and learning aids | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |
| 14 | Administrative support and coordination | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |  |

**Section 4: Overall Feedback**

|  |  |
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| **Question** | **Participant’s Response** |
| What did you like most about the training? |  |
| What could be improved in future sessions? |  |
| How confident are you in applying what you learned? (1–5) | [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] |
| Would you recommend this training to others? | ☐ Yes ☐ No ☐ Maybe |
| Any additional comments or suggestions: |  |

**Section 5: Acknowledgement**

**Signature of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_