**Training Feedback Summary Report Form**

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| --- | --- | --- | --- |
| **Organization Name:** |  | **Department:** |  |
| **Trainer/Facilitator:** |  | **Training Title:** |  |
| **Date(s) of Training:** |  | **Duration:** |  |
| **Location / Platform:** |  | **Prepared By:** |  |
| **Report Date:** |  |  |  |

1. **Training Overview**

|  |  |  |  |
| --- | --- | --- | --- |
| Objective of the Training |  | | |
| Target Audience |  | Total Participants |  |
| Evaluation Method | ☐ Written Feedback ☐ Online Survey ☐ Verbal Feedback ☐ Other: | | |

1. **Summary of Feedback Ratings**

|  |  |  |
| --- | --- | --- |
| **Evaluation Criteria** | **Average Rating (out of 5)** | **Comments / Key Notes** |
| Training Content Relevance | 4.6 | Participants found topics useful and practical |
| Trainer’s Knowledge & Delivery | 4.8 | Highly engaging, well-prepared |
| Training Materials & Resources | 4.4 | Requested more visual examples |
| Training Duration & Pacing | 4.2 | Slightly long sessions on day 2 |
| Overall Training Satisfaction | 4.7 | Very positive overall feedback |

**3. Key Highlights**

* ✔ Participants appreciated the **interactive activities** and **real-world examples**.
* ✔ The trainer maintained **good engagement and clear communication**.
* ✔ Materials were **informative and easy to follow**.

**4. Areas for Improvement**

* ☐ Include **shorter breaks between sessions**.
* ☐ Add **more case studies** or **group exercises**.
* ☐ Provide **digital copies of slides** before training.

**5. Participant Suggestions (Summary)**

|  |  |
| --- | --- |
| **Common Suggestions** | **Frequency (No. of Mentions)** |
| More visual aids (charts, videos) | 12 |
| Follow-up session after 3 months | 8 |
| Include role-playing activities | 6 |
|  |  |

**6. Overall Evaluation Summary**

|  |  |  |
| --- | --- | --- |
| **Rating Scale** | **Interpretation** | **% of Participants** |
| 5 – Excellent | Exceeded expectations | 62% |
| 4 – Good | Met expectations | 30% |
| 3 – Fair | Somewhat met expectations | 6% |
| 2 – Poor | Needs improvement | 2% |
| 1 – Very Poor | Unsatisfactory | 0% |

**7. Recommendations / Action Plan**

| **Improvement Area** | **Recommended Action** | **Responsible Person** | **Target Date** | **Status** |
| --- | --- | --- | --- | --- |
| Course material enhancement | Add case studies and visuals | Trainer | 30-Nov-2025 | Pending |
| Time management | Reduce duration per session | HR & Trainer | Next batch | Planned |

**8. Approval & Sign-Off**

| **Prepared By** | **Designation** | **Signature** | **Date** |
| --- | --- | --- | --- |
|  |  |  |  |
| **Approved By** | **Designation** | **Signature** | **Date** |
|  |  |  |  |