

Customized Training Evaluation Form

Program Name: _____

Instructor(s): _____

Date: _____

Please circle your answers.

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

The classroom environment was conducive to learning.	1	2	3	4	5
The instructor was well prepared for class.	1	2	3	4	5
The instructor(s) used class time effectively.	1	2	3	4	5
The instructor(s) presented the material clearly and in a way that was easy to understand.	1	2	3	4	5
The instructor(s) was/were knowledgeable of the subject matter.	1	2	3	4	5
The instructor(s) encouraged student participation/questions.	1	2	3	4	5
The instructor(s) created a class environment that encouraged learning.	1	2	3	4	5
The instructor(s) treated students and their questions with respect.	1	2	3	4	5
I would take another course with this/these instructor(s).	1	2	3	4	5
Course content was appropriate for the subject.	1	2	3	4	5
Handout materials reinforced information presented during class.	1	2	3	4	5
Overall, I am satisfied with the knowledge gained from this course.	1	2	3	4	5
I would recommend this course to others.	1	2	3	4	5
I am confident the course will help me better perform my job functions.	1	2	3	4	5
How would you rate this course?	Poor	Fair	Good	Excellent	
Course length was...	Too Short		Just Right	Too Long	

What other courses or seminars would you like to see offered?

Other Comments About the Program

Please include your e-mail address if you wish to receive e-mails on courses that you mentioned above.

Thank you for your feedback!