

TRAINING EVALUATION FORM US LETTER TEMPLATE



DO NOT PUT YOUR NAME ON THIS IT IS COMPLETELY ANONYMOUS

BRANCH NUMBER	DATE
CLASS TITLE	
ENTER TRAINER NAME	

BUSINESS NAME:
ADDRESS LINE:
COUNTRY:
CITY:
ZIP CODE:
TELEPHONE:
FAX:
E-MAIL:
WEBSITE:



TRAINER EVALUATION

Please check the appropriate box for the trainer's evaluation.



1. Did your trainer have a thorough grasp of the subject?	<input checked="" type="checkbox"/>			
2. Did your trainer actively invite questions?		<input checked="" type="checkbox"/>		
3. Did your trainer answer the question posed?		<input checked="" type="checkbox"/>		
4. Was individual help provided when needed?		<input checked="" type="checkbox"/>		
5. Was your trainer prepared for class?			<input checked="" type="checkbox"/>	
6. Did your trainer have a professional demeanor?			<input checked="" type="checkbox"/>	
7. Did your trainer provide time for follow-ups?	<input checked="" type="checkbox"/>			
8. How would you rate the overall skills of the trainer?				<input checked="" type="checkbox"/>



Please enter any additional comments, suggestions, or problems concerning the trainer.

CLASS EVALUATION

Please check the appropriate box for the overall class evaluation.



1. Did this class meet your expectations?	<input checked="" type="checkbox"/>			
2. Was the level of instruction appropriate?		<input checked="" type="checkbox"/>		
3. Was the length appropriate?		<input checked="" type="checkbox"/>		
4. Did the class begin on time?				<input checked="" type="checkbox"/>
5. Was all of the equipment working properly?			<input checked="" type="checkbox"/>	
6. How would you rate the manuals?	<input checked="" type="checkbox"/>			
7. Was the training facility adequate?	<input checked="" type="checkbox"/>			
8. What is your overall level of satisfaction with this training?				<input checked="" type="checkbox"/>



Please enter any additional comments, suggestions, or problems concerning the class.

LEGAL NOTICE

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CHECK PANEL
