

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:

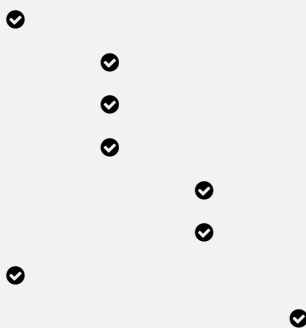


TRAINER EVALUATION

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



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



C

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?
2. Was the level of instruction appropriate?
3. Was the length appropriate?
4. Did the class begin on time?
5. Was all of the equipment working properly?
6. How would you rate the manuals?
7. Was the training facility adequate?
8. What is your overall level of satisfaction with this training?



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

LEGAL NOTICE

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CHECK PANEL
