

Training Evaluation Form

Employee Name				
1. Training Details				
Training / Course Title				
Company				
Venue and Location				
Date and Time				
2. Evaluation				
Please tick the response to indicate your opinion of the training	Strongly Agree	Agree	Disagree	Strongly Disagree
The training objectives were fulfilled				
The training has provided me with useful information / skills / knowledge that I can use in my position				
The training was worth the time and money for attendance				
What were the benefits to yourself and the organisation that resulted from you completing this training?				
What are some specific actions that may be implemented as a result of this training?				
Do you have any other comments that you would like to make in regards to the training?				
Employee Signature		Date		