Training Evaluation Template

Training Title:
Date:
Facilitator(s):

Participant Information:

- Name (optional): _____
- Department/Role: _____

Evaluation Questions:

1. How would you rate the overall quality of this training?

   - Excellent
   - Good
   - Fair
   - Poor

2. To what extent did the training meet its stated objectives?

   - Fully
   - Partially
   - Minimally
   - Not at all

3. How relevant was the content to your role?

   - Very Relevant
   - Somewhat Relevant
   - Not Relevant

4. What aspect of the training did you find most valuable?

   _____

5. How can we improve future training sessions?

   _____

6. Any additional comments or feedback:

   _____