

TRAINING EVALUATION FORM TEMPLATE

Staff Name :

Training Course Title :

Date Attended :

1. What were the three most valuable things you gained from attending this training session? (you can include objectives, skills or knowledge)

2. Do you feel that the training was relevant to your job role? If not, why not?

3. To what extent do you expect this training will make a difference in the way you do your job?

1	2	3	4	5
No Difference				Significant Difference

4. How will you implement and utilise the skills/knowledge gained from the training session in your job role?

5. Was the training pitched at an appropriate level for you?

Yes	No, why not?
	a) Do not understand?
	b) Too simple?
	c) Too complicated?

6. Do you wish to pursue any further training to enhance your skills and personal development in this area?

7. Do you recommend your colleague(s) to attend this course? If not, why not?

Comments from Staff (If any):

Comments from Direct Superior:

Did staff share information with Management / Team? Yes No N/A
Did staff implement new changes? Yes No N/A

Completed by: _____ (Staff)

Supported by: _____ (Direct Superior/HOD)

Reviewed by: _____ (HR)