

# Evaluation Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Company: \_\_\_\_\_

Title: \_\_\_\_\_ Product Evaluated: \_\_\_\_\_ Trainer: \_\_\_\_\_

Circle the most appropriate number for each statement below. A rating of one (1) indicates the highest level of agreement with the statement, five (5) the lowest.

Criteria	Agree...Disagree					
	1	2	3	4	5	N/A
<b>1. CONTENT &amp; IMPACT GENERAL ASSESSMENT</b>						
2. The content was informative and relevant						
3. The training material was well organised and easy to follow						
4. The training objectives were communicated up front						
5. The training objectives were achieved						
<b>6. TRAINER/LECTURER GENERAL ASSESSMENT</b>						
7. The trainer was knowledgeable						
8. There was effective use of audio-visual aids to enhance learning						
9. Participation and group interaction were encouraged						
10. The trainer did a good job of presenting the material						
11. Adequate time was provided for questions						
12. The trainer was friendly and showed respect for the participants						
<b>13. ORGANISATION GENERAL ASSESSMENT</b>						
14. I was informed and updated in good time regarding all logistical needs						
15. Adequate time was allowed for breaks						
16. The room or online space was comfortable/adequate						
<b>17. OVERALL IMPRESSION ASSESSMENT</b>						
18. The training/knowledge/skills I obtained are relevant and useful						
19. I can apply the knowledge and insights I gained						
20. This training was worthwhile and should be repeated						