

Training Evaluation Form

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GeneralBlue

Basic Information

Note: You may leave your name blank if you prefer to remain anonymous. All responses will be treated confidentially.

Name (Optional)	Department/Team	Date of Training	Trainer's Name

Evaluation Criteria

Note: You may modify the rating labels to suit your organization's preference.

Criteria	Excellent	Good	Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Learning Outcomes

What key skills or knowledge did you gain?

Do you feel confident in applying what you learned?

☐ Yes ☐ No ☐ Not Sure

Suggestions for improvement: