

Training Feedback Form

Format No.:

Date:

Name of Employee:

Department:

Dates & Durations of Training Program
Name of Training Program
Venue of Training Program
Name of Faculty of Training Program

Training Feedback			
Sr. No.	Description	Evaluate	Feedback
01	Was the subject appropriate to your training needs and requirement?	(Yes / No)	
02	Has the objective of the training been served?	(Yes / No)	
03	Was the subject interesting?	(Yes / No)	
04	How do you evaluate the training faculty?	(Excellent / Good/ Average)	
05	Did you get any study material for this training? Do you feel it is help full to you?	(Yes / No)	
06	Useful for enhancing your present /future knowledge & skills which are relevant to your present job?	(Yes / No)	
07	Helping you in changing your attitude towards the job in a more confident & positive manner?	(To a great extent / To some extent /To a little extent)	
08	Specify the working area selected for implementation.	Address your working area	
09	When can we review the effectiveness of this training?	(Give a date within 2 Months)	

Signature of Trainee

Date: