Training feedback form DATE: dd/mm/yy

### Training Title

Please rate your level of agreement with each of the following statements. **5** is the highest level of agreement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course | 5 | 4 | 3 | 2 | 1 |
| * Did the course content meet your expectations? * How did you experience the speed or rate at which the training was presented? * Can you practically apply the course material to your daily work situations? * How will the course affect your ability to perform your job from now on? * How would you rate the focus and structure of the course? | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
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| Process of Training |  |  |  |  |  |
| * Training received was adequate for my position? * Instructional methods used during mentoring were effective? * Provided training materials were clearly and accurately written? * I received a enough resources/materials? * Mentoring was provided in a timely manner? | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
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| Structure of Training |  |  |  |  |  |
| * The usefulness of the information received in training. * The structure of the training session(s). * The pace of the training session(s). * The convenience of the training schedule. * The usefulness of the training materials. * Was this training appropriate for your level of experience? | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
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| About Trainer/Mentor |  |  |  |  |  |
| * How knowledgeable was the facilitator on the subject matter? * Did the facilitator explain the concepts clearly and in an understandable way? * How did the facilitator handle questions that were asked? * How would you rate their facilitation skills overall? | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
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| Food and Dining |  |  |  |  |  |
| The food and dining staff was courteous. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| The food quality was good. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| Sitting service was timely and efficient. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| Sitting service delivered the correct food order. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| Overall |  |  |  |  |  |
| How do you rate the training overall? | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| YOUR SUGGESTIONS |  |  |  |  |  |
|  | | | | | | |
| Additional Comments: | | | | | | | |