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: |