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| **Example Training Evaluation Form** | | | | | |
| **Please help us improve our training programs by taking a few minutes and answering a few questions about your training experience today. We value your feedback and will incorporate your thoughts, ideas and suggestions into future classes.** | | | | | |
| **Date:** |  |  |  |  |  |
| **Class Name:** |  |  |  |  |  |
| **Presenter’s Name:** |  |  |  |  |  |
| **Please check the answer that best describes your satisfaction with this class.** | | | | | |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| **Overall, I was satisfied with this class.** |  |  |  |  |  |
| **I will recommend this class to a co-worker.** |  |  |  |  |  |
| **I plan to attend more in-house classes in the future.** |  |  |  |  |  |
| **Please check the box that best describes your satisfaction with the class presenter.** | | | | | |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| **The information presented was helpful.** |  |  |  |  |  |
| **The presentation was easy to understand.** |  |  |  |  |  |
| **The class provided content that I can immediately use in my job.** |  |  |  |  |  |
| **The class was just the right length.** |  |  |  |  |  |
| **Comments:** | | |  |  |  |
| **Your name (optional)** |  |  |  |  |  |
| **Thank you for taking the time to complete this. If you have other comments or questions please feel free to call us at 222-333-6699.** | | | | | |
| **Courtesy: Thriving Small Business – thrivingsmallbusiness.com** | | | | | |