

# Training Evaluation

**Title:** \_\_\_\_\_

**Trainer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

We value your opinion and sincerely wish to make this training not only informative but enjoyable. Please complete the following questions so that we may better serve you.

Please rate this training on the following criteria:

**4.** Extremely Satisfied **3.** Satisfied **2.** Needs improvement **1.** Dissatisfied

	1. What is your overall rating of this training?
	2. The instructors knowledge of the material?
	3. The instructors presentation style?
	4. Instructors response to questions?
	5. Opportunity for interaction and participation?
	6. Quality of training aids and audio visual aids?
	7. How clear and understandable was the information?
	8. Was the time allowed adequate for the material?

How long have you been with Adriel? \_\_\_\_\_

How could this training be improved?

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What other trainings would you like to see Adriel offer?

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