

## TRAINING PROGRAM EVALUATION

COURSE \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY \_\_\_\_\_

1. What did you learn that you will be able to use right away?

2. Were the course objectives met?

Yes       No

Why or why not?

3. Please rate the following:

	Needs Improvement	Good	Very Good	Exceptional	NA
Knowledge of the instructor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classroom instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hands-on instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of group work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handout(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condition of equipment for hands-on training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of equipment for hands-on training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Was the pace of the course

Too slow       Just right       Too fast

5. Was the time spent in class

Too little       Just right       Too much

6. Was the time spent for the hands-on training

Too little       Just right       Too much

Additional Comments

Name (optional) \_\_\_\_\_