

Training Evaluation Form

Training Date:

Course Code & Course Type:

Name of Participant:

Email Address:

	Strongly Disagree	Disagree	Average	AGREE	STRONGLY AGREE
(CURRICULUM) Question:					
1.The course achieves its objectives as you understood to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.The training objectives for each topic were identified and followed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.The curriculum content was organized and easy to follow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.The materials were pertinent and useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(INSTRUCTORS) Question:					
5. The quality of instruction was good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.The instructors met the training objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.Class participation and interaction were encouraged.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.Adequate time was provided for attendee questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(TRAINING SPECIFIC QUESTIONS) Question:					
9. How do you rate the training overall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(ADDITIONAL COMMENTS) Question:					
10. Did the course meet your expectation?	Yes	<input type="radio"/>	No	<input type="radio"/>	
11. Would you recommend this training to others?	Yes	<input type="radio"/>	No	<input type="radio"/>	
12. Are there any topics you would like to learn?	<input type="text"/>				
13. Other Comments:	<input type="text"/>				
14. Would you/your company have interest to apply for ISO certification/other training courses?	Yes	<input type="radio"/>	No	<input type="radio"/>	
15. If yes, which ISO standard would you like to know more?	ISO 9001	<input type="checkbox"/>	ISO 14001	<input type="checkbox"/>	
	ISO 45001	<input type="checkbox"/>	ISO 50001	<input type="checkbox"/>	
	ISO 22000/HACCP	<input type="checkbox"/>	ISO 27001	<input type="checkbox"/>	
	Others:	<input type="text"/>			

Submit

Thanks You!