Training Session Evaluation

Date: [Insert Date]

Trainer Name: [Insert Trainer Name]

Training Topic: [Insert Training Topic]

Participant Information

Name: [Participant Name]

Position: [Participant Position]

Department: [Participant Department]

Evaluation Criteria

1. Content Relevance:

   Please provide your feedback...

2. Trainer Effectiveness:

   Please provide your feedback...

3. Training Materials:

   Please provide your feedback...

4. Overall Satisfaction:

   Please provide your feedback...

Additional Comments

Please provide any additional feedback...

Recommendation for Future Training

What topics do you suggest for future training?

Thank you for your feedback!