**Task 1 – Training Evaluation Form**

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| --- | --- |
| **Name of Trainer:** | **Date:** |
| **Topic of Training** (e.g: Name of Policy, Procedure, etc) | **After the training, do you believe you are …..** |
| **Competent** | **Not Yet Competent** |
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| **Method of Delivery (Please tick one)** | **Please Tick Applicable** |
| Presentation e.g. lecture |  |
| Workshop e.g classroom |  |
| One – to – One Instruction |  |
| Online Interactive |  |
| Other (please specify) |  |
|  |  |
| **1 = Strongly Disagree 2 = Disagree 3 = Unsure 4 = Agree 5 = Strongly Agree** |
| Question | Feedback Rating | Additional Comments |
| **1** | **2** | **3** | **4** | **5** |
| There was sufficient time allowed for session |  |  |  |  |  |  |
| There were adequate resources |  |  |  |  |  |  |
| The method of delivery was engaging |  |  |  |  |  |  |
| The instructions were clear |  |  |  |  |  |  |
| There was sufficient time allowed for discussion and any questions |  |  |  |  |  |  |
| The supporting material was helpful |  |  |  |  |  |  |
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| Other Comments: |
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| Your Name (trainee): | Date: |