

A – Training Evaluation Survey

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Thank you for attending our recent training class. We would like to hear your impression of the various aspects of the training, so that we can continually improve the experience for all attendees. Questions prefixed with an * are required.

1. First Name:*

2. Last Name:*

3. Email:*

4. Overall how would you rate the training class?

- ☐ Excellent
☐ Good
☐ Neutral
☐ Fair
☐ Poor

5. Please rate the following aspects of the trainer

	Excellent	Good	Neutral	Fair	Poor
Did your trainer have a thorough grasp of the subject?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your trainer actively invite questions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your trainer answer the question posed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was individual help provided when needed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was your trainer prepared for class ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your trainer have a professional demeanor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the trainer provide time for follow-ups?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate the overall skills of the trainer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please rate the following aspects of the training class

- ☐ Excellent
☐ Good
☐ Terrible

7. Did this class meet your expectations?

--None--

8. Was the level of instruction appropriate?

- ☒ Yes ☐ No

9. Was the length appropriate?

- ☐ Yes
☐ No

10. Was all of the equipment working properly?

--None--

11. How would you rate the manuals?

--None--

12. Please rate the following aspects of the training organization

	Excellent	Good	Neutral	Fair	Poor
Registration process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scheduling and timing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choice of facility/venue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking and directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refreshments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost and pricing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Based on your experience at this training class, how likely are you to attend future training class with us?

- ☐ Very Likely
☐ Somewhat Likely
☐ Not Likely

14. How did you hear about this training?

15. What was your favorite part of the training?

16. What was your least favorite part of the training?

17. Any other suggestions or comments to help us improve future training classes?

Done

Save

Cancel