

## Training Effectiveness Evaluation Form

Title of event:

Date of event:

Location of event:

Trainers:

<b>Instructions:</b> Please tick your level of agreement with the statements listed below	Strongly Agree	Agree	Disagree	Strongly Disagree
1.The objectives of the training were met				
2.The presenters were engaging				
3.The presentation materials were relevant				
4.The content of the course was organised and easy to follow				
5.The trainers were well prepared and able to answer any questions				
6.The course length was appropriate				
7. The pace of the course was appropriate to the content and attendees				
8.The exercises/role play were helpful and relevant				
9.The venue was appropriate for the event				

10. What was most useful?

11. What was least useful?

12. What else would you like to see included in this event? Are there any other topics that you would like to be offered training courses in?

13. Would you recommend this course to colleagues?      Yes/No    Why?

14. Any other comments?

**Thank you for your feedback!**