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| **Training Name** |  | | |
| **Trainer** |  | **Training Date** |  |

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| **EVALUATION** *(to be filled by the Trainee)* |
| *This evaluation is intended to provide feedback on the training that was provided to you. The information is kept confidential and is used for the sole purpose of continual improvement. There is no requirement to include your name.* |

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| **Description** | **Score (1 – 10)**  *(1 being poor, 10 being excellent)* |
| **Information**  *Was the information provided in the training as per your expectations?* |  |
| **Duration**  *Was the duration of the training satisfactory for the content provided?* |  |
| **Trainer**  *How did the trainer do?* |  |
| **Training Venue**  *Was the facility where the training was provided adequate?* |  |
| **Others** *(add any additional requirements here)* |  |

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| **Comments** |