

Training Course Feedback Form



Thank you for taking the time to complete this feedback form as your comments are important to us. Please use the back of this form if needed for additional comments.

Date: _____ Presenter's name: _____

Please rate the following:

	(4) Strongly Agree	(3) Agree	(2) Disagree	(1) Strongly Disagree
1. The course offered information that was relevant to my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I will be able to apply what I learned from this course to my work life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The style of the presentation was conducive to learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The presenter seemed knowledgeable about the topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I would recommend this course to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What ideas did you find *most useful*?

7. What would you recommend changing about the course?

8. Now that you've completed this course, what ideas would you have liked more information about?

9. Other comments, observations, suggestions: