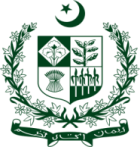
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**Training Evaluation Form**

**Title of Training:**

**Date:**

**Name of the Trainer:**

How do you rank the trainer (‘A’ for highest and ‘E’ for lowest)?

**A**

**B**

**C**

**D**

**E**

**Instructions:** Please indicate your level of agreement with the statements listed below: (tick relevant)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Question** | **Strongly agree** | **Agree** | **Not Sure** | **Disagree** | **Strongly disagree** |
| 1. | The objectives of the training/activity were clearly defined |  |  |  |  |  |
| 2. | Participation and interaction were encouraged |  |  |  |  |  |
| 3. | Topics covered were relevant |  |  |  |  |  |
| 4. | Contents were organized and easy to follow |  |  |  |  |  |
| 5. | The Material distributed (if any) were helpful. |  |  |  |  |  |
| 6. | This training experience will be useful in my work. |  |  |  |  |  |
| 7. | Trainer was knowledgeable about the training topics. |  |  |  |  |  |
| 8. | Trainer was well prepared. |  |  |  |  |  |
| 9. | Time allotted for the training was sufficient. |  |  |  |  |  |
| 10. | Training facilities were adequate and comfortable |  |  |  |  |  |

11. What did you like most about this training?

12. What aspects of the training could be improved?

13. Any additional training would you like to have in future: