

Customer Service Skills Training Evaluation Sheet

Participant Name

Trainer Name

Date

Rate the Following Aspects

Aspect	Excellent	Good	Fair	Poor
Clarity of Content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trainer's Presentation Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance to Job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interaction & Engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training Materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you find most useful in this training?

What could be improved?

Other Comments / Suggestions