

Software Application Training Assessment Form

Participant Information

Name

Email

Department

Date

Training Title

Trainer Name

Assessment

1. Training Objectives were clearly defined

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

2. Material was relevant and useful

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

3. Trainer was knowledgeable

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

4. Training pace was appropriate

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

5. Overall training experience

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Comments & Suggestions

Additional Comments

Suggestions for Improvement