

Job Training Program Participant Satisfaction Form

Name

Email

Program Name

Date of Participation

How satisfied are you with the overall training program?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Rate the effectiveness of the trainer/instructor.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Rate the relevance of the program content to your needs.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Rate the quality of training materials and resources.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Rate the usefulness of skills and knowledge gained.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

What did you like most about the program?

What could be improved?

Any other comments or suggestions?