

# Nonprofit Training Session Feedback Survey

Your Name (optional)

Email (optional)

Training Session Title

Date of Session

How satisfied were you with the training session?

☐  
☐  
☐  
☐  
☐

What did you find most valuable about the training?

What could be improved about the training?

Facilitator(s) Name(s)

How would you rate the facilitator(s)?

☐  
☐  
☐  
☐

Did the training meet your expectations?

☐  
☐

Would you recommend this training to others?

☐  
☐

Additional Comments