

Annual Nonprofit Training Feedback Form

Participant Information

Name

Email

Organization

Role/Title

Training Details

Training Title

Date Attended

Feedback

How would you rate the overall training?

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor

How relevant was the content to your work?

- ☐ Very relevant
☐ Somewhat relevant
☐ Not relevant

What was the most useful part of the training?

What suggestions do you have for improvement?

Would you recommend this training to others?

- ☐ Yes
- ☐ No

Additional Comments