

Corporate Training Course Evaluation Form

Participant Information

Name

Department

Email

Course Information

Course Title

Trainer Name

Date

Evaluation

1. The training objectives were clear

☐

Excellent

☐

Good

☐

Fair

☐

Poor

2. The content was relevant to my job

☐

Excellent

☐

Good

☐

Fair

☐

Poor

3. The trainer was knowledgeable



Excellent



Good



Fair



Poor

4. The training methods were effective



Excellent



Good



Fair



Poor

5. The session was interactive and engaging



Excellent



Good



Fair



Poor

Comments & Suggestions

Comments

Suggestions for Improvement