

Skills Training Session Evaluation Form

Participant Name

Email

Session Date

Trainer/Facilitator Name

Session Content

How would you rate the content of the session?

Poor ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Excellent

Comments on session content

Trainer's Effectiveness

How would you rate the trainer's effectiveness?

Poor ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Excellent

Comments on trainer's effectiveness

Session Organization

How would you rate the organization of the session?

Poor ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Excellent

Comments on organization

General Feedback

What did you like most about the session?

How could the session be improved?

Additional Comments