

Beekeeping Training Feedback Form

Name

Email

Date of Training

Trainer's Name

How would you rate the following?

Training Content

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Trainer's Knowledge

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Training Organization

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Venue Facilities

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What did you like most about the training?

Areas for improvement

Would you recommend this training to others?

☐ Yes ☐ No