## Renewable Energy Staff Induction Training Evaluation

| Name  |          |
|---|----------|
|   |          |
| Position  |          |
|   |          |
| Department  |          |
|   |          |
| Date  |          |
|   |          |
| How would you rate your overall experience of the induction training? |          |
| C Excellent C Good C Average C Poor                                   |          |
| Was the training content clear and relevant?                          |          |
| Was the facilitator knowledgeable and engaging?                       |          |
| The facilitation knowledgeable and engaging.                          | <b>-</b> |
| What could be improved in the induction training?                     |          |
|   |          |
|   |          |
|   |          |
| Any additional comments or suggestions?                               |          |
|   |          |
|   |          |
| Trainee's Signature   |          |
|   |          |
| Trainer's Signature   |          |
|   |          |
| Date  |          |
|   |          |
|   |          |