

Transportation Fleet Energy Management Training Evaluation

Participant Information

Name:

Department/Division:

Date:

Training Session Details

Training Title:

Trainer(s):

Please rate the following aspects

Content Relevance:

☐
☐
☐
☐
☐

Trainer's Knowledge:

☐
☐
☐
☐
☐

Clarity of Presentation:

☐
☐
☐
☐
☐

Usefulness of Materials:

☐
☐
☐
☐
☐

☐
☐
☐
☐
☐

Overall Satisfaction:

Comments & Suggestions

What did you find most useful in this training?

What could be improved?

Other comments: