

Training Evaluation Form

(-) Disagree (+) Agree

Presenters communicated clearly 1 2 3 4 5 6 7 8 9 10

Presenters / presentations were organized 1 2 3 4 5 6 7 8 9 10

Presenters used training aids appropriately with expertise 1 2 3 4 5 6 7 8 9 10

Presenters made all participants feel comfortable during presentation 1 2 3 4 5 6 7 8 9 10

Presenters were responsive to questions 1 2 3 4 5 6 7 8 9 10

Presenters facilitated group discussion (when appropriate) 1 2 3 4 5 6 7 8 9 10

Topics presented covered timely information I needed to know 1 2 3 4 5 6 7 8 9 10

Presenters knew the subjects 1 2 3 4 5 6 7 8 9 10

Presenters properly covered subjects 1 2 3 4 5 6 7 8 9 10

Presenters covered information I can use in the work place 1 2 3 4 5 6 7 8 9 10

I felt this presentation was valuable and worth my time to participate 1 2 3 4 5 6 7 8 9 10

Comments:

Topics I would like to see covered in future meetings:

What improvements could be made?

Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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