

TRAINING EVALUATION FORM

TRAINING SESSION: _____

TRAINER: _____ **TRAINING DATE:** _____

NAME: _____ **DEALERSHIP:** _____

The quality of your experience is very important to us and your comments are an integral part of our quality control. Please take a moment to provide us with your observations. Thank You.

Trainer Based on the Trainer, how satisfied are you with the following:

	Dissatisfied	Satisfied			
1. Knowledge of subject material	1	2	3	4	5
2. Explanations clear and complete	1	2	3	4	5
3. Concepts reviewed throughout the course	1	2	3	4	5
4. Professional, organised and prepared	1	2	3	4	5
5. Promoted learning (Motivating, Friendly, Patient)	1	2	3	4	5
6. Used good examples	1	2	3	4	5
7. Overall, how satisfied are you with the Trainer?	1	2	3	4	5

Comments _____

Training Facilities Based on the Training Facilities, how satisfied are you with the following:

8. Classroom Ready on time/cleanliness	1	2	3	4	5
9. Computer equipment functionality	1	2	3	4	5
10. Training length sufficient for topic	1	2	3	4	5
11. Overall, how satisfied are you with the Training Facilities?	1	2	3	4	5

Comments _____

Overall Satisfaction Summing it all up:

12. Everything considered on the basis of your overall experience, how do you rate your training?	1	2	3	4	5
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23. Comments/Suggestions to improve your experience?

24. Please suggest other Training session we could offer to assist you in your daily work?

25. Are you happy for us to publish your comments in future training marketing?

Thank you for your time and we hope you have learnt some new tools during your tandem training today. If you have any further queries or comments, please don't hesitate to contact Reynolds & Reynolds Training Department on (03) 9535 2222.