

TRAINING FEEDBACK FORM

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| TITLE OF TRAINING | LOCATION | TRAINER | DATE |
|-------------------|----------|---------|------|
| | | | |

Provide a Rating for each of the statements, below, by placing an "X" in the corresponding box.

| | STRONGLY DISAGREE | DISAGREE | NEUTRAL | AGREE | STRONGLY AGREE |
|--|-------------------|----------|---------|-------|----------------|
| The objectives of the training were defined well beforehand. | | | | | |
| Participation was encouraged throughout the training. | | | | | |
| The topics covered were relevant and informational. | | | | | |
| The materials and content were well chosen and helpful. | | | | | |
| The training will be helpful to my own work. | | | | | |
| The trainer was knowledgeable about the subject matter. | | | | | |
| The trainer was well prepared and thorough. | | | | | |
| The time allotted for the training was sufficient. | | | | | |
| The training location was well chosen. | | | | | |

ADDITIONAL COMMENTS

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