

## Training Evaluation

Date: \_\_\_\_\_

Event: \_\_\_\_\_

Name of Training:	CONTENT Rate 1-5 5= I learned a lot 1= I didn't learn	PRACTICALITY Rate 1-5 5- I'll use it ASAP 1= I'll never use it	PRESENTER Rate 1-5 5= GREAT! 1= Not Engaging

What other topics would you to see addressed?
What topic(s) from today would you want more training on?
Comments:
Overall Comments:
Comments:

**In order to go GREEN, please use this one evaluation form to evaluate ALL trainings, sessions and overall training. Your comments are helpful. Return completed form to a manager.**