

# Employee Training Evaluation Form

Thank you for attending \_\_\_\_\_. Your input is important to us, and we want to ensure your experience as a program participant was positive.

Your feedback is anonymous. Filling in the survey should take you a maximum of 5-10 minutes.

Your responses will help us identify areas that need improvement and provide a better experience for everyone.

## Training objectives and goals

### Training effectiveness rating

(1 = Strongly disagree, 5 = Strongly agree)

	1	2	3	4	5
1. The training objectives were clearly stated at the beginning of the session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The training content was comprehensive and covered all necessary topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The trainer communicated the content effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel confident in applying the skills and knowledge gained from the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I believe the skills learned will be beneficial for my future career goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Training components evaluation

1. Which training methods did you find most effective (select all that apply)?

<input type="checkbox"/>	Online modules and lectures
<input type="checkbox"/>	Hands-on exercises
<input type="checkbox"/>	Case studies
<input type="checkbox"/>	Other, please specify:



2. What type of follow-up support would you find most helpful (select one)?			
<input type="checkbox"/>	Mentoring		
<input type="checkbox"/>	Online resources (e.g., articles, videos)		
<input type="checkbox"/>	Access to a discussion forum		
<input type="checkbox"/>	Other, please specify:		
3. How would you rate your knowledge or skill level (select one)?			
Before the training		After the training	
<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Beginner
<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Intermediate
<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Advanced

<b>Participant feedback</b>	
1. Which aspects of the training content did you find most and least useful? Why?	
2. What did you like best about the trainer’s approach or delivery?	
3. What suggestions do you have for the trainer to improve future sessions?	
4. What was the most valuable takeaway from this training?	
5. In what ways do you think this training will help you achieve your career goals?	





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