


Document Title	Training Evaluation Form	
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Prepared By (Author)	Quality Manager	
Document Owner	Training Manager	

Thank you for attending our training programme. Your feedback helps us improve the quality of our training services.

TRAINING DETAILS

Item	Information
Course Title	_____
Training Date	_____
Training Venue	_____
Facilitator Name	_____
Participant Name (Optional)	_____

SECTION A: TRAINING CONTENT

Please rate the following aspects of the training.

Rating Scale:

Rating	Meaning
5	Excellent
4	Good
3	Satisfactory
2	Needs Improvement
1	Poor

Criteria	1	2	3	4	5
Training objectives were clearly explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content was relevant to my job/work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content was easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Approved By: S.S.L.R

Rating	Meaning					
	Training materials were useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Training met my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: FACILITATOR PERFORMANCE

Criteria	1	2	3	4	5
Facilitator demonstrated subject knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator communicated clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator encouraged participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator answered questions effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator managed time effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: TRAINING ENVIRONMENT

Criteria	1	2	3	4	5
Venue was suitable for learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio/visual equipment functioned properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training room was comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refreshments and catering were satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative arrangements were satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: LEARNING OUTCOMES

Please indicate your level of agreement.

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I gained new knowledge from this training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I gained practical skills applicable to my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident applying what I learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training will improve my work performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this training to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: OVERALL EVALUATION

Overall Rating of the Training

- Excellent
- Good
- Satisfactory
- Needs Improvement
- Poor

SECTION F: OPEN COMMENTS

What did you like most about the training?

What aspects could be improved?

Additional Comments or Suggestions

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SECTION G: FUTURE TRAINING NEEDS

Please indicate any additional training programmes you would like Shak Enterprise to offer:

- Occupational Health & Safety
- First Aid
- Fire Safety
- Risk Assessment
- Incident Investigation
- Working at Heights
- Defensive Driving
- Customer Service
- Leadership & Supervision
- Other: _____

Document revision history

Revision	Date	Description of Change	Approved By
Rev 00	25/05/2026	Initial Release	Managing Director

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