TRAINING PROGRAM EVALUATION

Program Name: _____

Program Date(s): _____

Instructor Name: _____

1 = Strongly Disagree 2 = Disagree 3 = Neither 4 = Agree 5 = Strongly Agree

General	1	2	3	4	5
1. I had the knowledge and/or skills required to start this program.					
2. The facilities and equipment were favorable to learning.					
3. Adequate breaks were provided.					
Content					
4. I was able to take this program when I needed it.					
5. I clearly understood the program objectives.					
6. The program met all of its stated objectives.					
Design					
7. The way this program was delivered was an effective way for me to learn.					
8. Participant materials were useful during the program.					
9. I had enough time to learn the subject matter covered in the program.					
10. The program content was logically organized.					
Instructor(s)					
11. Overall I was satisfied with the instructor.					
Perceived Impact					
12. My knowledge and/or skills increased as a result of this program.					
13. The knowledge/skills gained through this program are applicable to my job.					
14. Overall I was satisified with this program.					
15. I would recommend this program to other employees.					

ADDITIONAL COMMENTS:

Name (Optional):	Telephone (Optional):

☐ I would like for someone from the Marshall Institute to contact me concerning this program.