



Evaluation of Training form

Name:	Date:
Course title/Seminar:	Cost:

What were your learning objectives for this course/seminar?

Did the course	Yes	No	Not sure
<i>Live up to your expectations?</i>			
<i>Meet your learning objectives?</i>			
<i>Teach you something you didn't know?</i>			
<i>Change your attitude to any aspect of your work?</i>			
<i>Have direct and immediate relevance?</i>			

Overall course rating	Good	Average	Poor
<i>Training structure/style</i>			
<i>Trainers knowledge of subject</i>			
<i>Speed of training</i>			
<i>Documentation</i>			



Evaluation of Training form continuation

Any other comments that you wish to make?:

Would you recommend this course/seminar to a colleague?:

Please return form to the Trust Education Office at the address below.