Training Feedback Questionnaire

Instructor's First Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Course # [ ][ ][ ]

Today's Date (DD/MM/YYYY) [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

Training Facilities

	Very Little									Very Much
1. I understood what materials would be covered in the class prior to attending	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. The booking process was convenient and timely	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Accommodation and directions were readily available (if applicable)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. Room temperature was comfortable	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. Seating was comfortable	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. The computers and software functioned properly	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. The layout/design of the classroom optimised learning	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8. Overall, the registration process / logistics met my expectations	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Course Content

	Very Little									Very Much
1. Useful ideas, techniques and skills were presented	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. The workbook enhanced my learning experience	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. The exercises enhanced my learning experience	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. I was allowed sufficient time to complete my exercises	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. The information presented is relevant to my application	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. Overall, course content met my expectations	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

The Instructor

	Very Little									Very Much
1. Held my interest	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Was knowledgeable about the topic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Responded effectively to questions	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. Delivered content in a structured manner, was easy to follow	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. Used relevant examples	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. Provided opportunities for active participation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. Facilitated exercises / activities effectively	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8. Motivated me to apply what I learned in this course	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9. Overall, the trainer met / exceeded my expectations	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Would you recommend this class to others? ☐ Yes ☐ No

Would you attend additional classes offered by ePartner Consulting? ☐ Yes ☐ No

Comments

_____

_____

_____

_____

Would you like us to call to discuss your comments? ☐ Yes ☐ No

Your name (optional) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Telephone Number (optional) ([ ][ ][ ][ ][ ]) [ ][ ][ ][ ][ ][ ][ ]

Tel. Extension [ ][ ][ ][ ][ ][ ]