**Instructions**

This document serves as an example of an evaluation that could be distributed to participants at the end of a training session. In using this document, it is advised that you create a separate evaluation form. You may utilize as many of the sample questions as needed. If you don’t use all the questions, please remember to renumber the questions you use.

You may want to modifying language and/or add questions to reflect specific training objectives for your project. However, changing the questions dramatically reduces the ability to compare results across multiple project trainings.

Information collected with this (or any) evaluation should be tallied and utilized by NUIT to determine how to improve future training sessions associated with project delivery.

**Sample Evaluation**

Training Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select the rating for the each section based on the following criteria:

5=excellent 4=good 3=average 2=fair 1=poor

**Please rate the trainer(s) on the following:**

1. Knowledge of the subject matter. 5 4 3 2 1

2. Ability to explain and illustrate concepts. 5 4 3 2 1

3. Ability to answer questions completely. 5 4 3 2 1

**Open-ended comments (use the back if you need more space):**

4. What specifically did the trainer do well?

5. What recommendations do you have for the trainer to improve?

**Please rate the content and structure of the training:**

4. The usefulness of the information  
received in training. 5 4 3 2 1

5. The structure of the training session(s). 5 4 3 2 1

6. The pace of the training session(s). 5 4 3 2 1

7. The convenience of the training schedule. 5 4 3 2 1

8. The usefulness of the training materials. 5 4 3 2 1

9. Was this training appropriate for your  
level of experience? Yes No  
  
If you said “No” to #9, please explain:

**Open-ended comments (use the back if you need more space):**

10. What did you most like about the training?

11. What can be improved with regard to the structure, format, and/or materials?

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Optional)

Your Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Optional)

**Document Tracking**

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