Inspection

Thank you for completing the post-training evaluation form. This form will assist with continuous improvement.

Post-Training Evaluation

How effective was the program in achieving their learning objectives?

☐ Not much  ☐ A little  ☐ Good  ☐ Very good

☐ Excellent

Was the facilitator able to explain the topic in a way that the audience can relate to?

☐ Not much  ☐ A little  ☐ Good  ☐ Very good

☐ Excellent

Did the instructor offer enough support to the learners during the session?

☐ Not much  ☐ A little  ☐ Good  ☐ Very good

☐ Excellent

Was the multimedia components (video, audio, and images) of the program attractive and helpful?

☐ Not much  ☐ A little  ☐ Good  ☐ Very good

☐ Excellent

Was the training program engaging?

☐ Not much  ☐ A little  ☐ Good  ☐ Very good

☐ Excellent

What were the best and worst aspects of the program?

Enter text

Please list any suggestion you have for improving the program

Enter text
Name & Signature of Participant

Please note that this checklist is a hypothetical example and provides basic information only. It is not intended to take the place of, among other things, workplace health and safety advice, medical advice, diagnosis or treatment, or other applicable laws. You should also seek your own professional advice to determine if the use of such checklist is permissible in your workplace or jurisdiction.