

Training Course Evaluation Survey Template

All questions are optional. Follow each question's directions.

Write your answers to the open questions in the space provided.

Answer about the named workplace training course and the two-to-four-week period since its final session. All questions are optional. Do not name coworkers or include confidential work information.

1. How much of the named training course did you attend?

- ☐ All or almost all
- ☐ More than half
- ☐ About half
- ☐ Less than half
- ☐ I did not attend

2. How clear were the course objectives?

- ☐ Very unclear
- ☐ Somewhat unclear
- ☐ Neither unclear nor clear
- ☐ Somewhat clear
- ☐ Very clear
- ☐ I did not receive the objectives

3. How many useful opportunities did you have to practice the work tasks covered?

- ☐ None
- ☐ One
- ☐ Two or three
- ☐ Four or more
- ☐ Practice was not relevant
- ☐ I did not attend

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4. How relevant was the course content to your current work?

- ☐ Not at all relevant
- ☐ Slightly relevant
- ☐ Moderately relevant
- ☐ Very relevant
- ☐ Extremely relevant
- ☐ I am not sure

5. How confident are you that you can apply one course skill in your work?

- ☐ Not at all confident
- ☐ Slightly confident
- ☐ Moderately confident
- ☐ Very confident
- ☐ Extremely confident
- ☐ I am not sure

6. Which factor most affects your ability to apply the training?

- ☐ Opportunity to use the skill
- ☐ Manager support
- ☐ Peer support
- ☐ Tools or access
- ☐ Time or workload
- ☐ Follow-up instructions
- ☐ Another factor
- ☐ No current obstacle

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7. What one course or workplace change would help you apply the learning? Please do not name coworkers or include confidential work information.
