

# Training Evaluation Form

Training/Topics: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Student feedback is critical to maintaining quality training courses. Please take a moment to evaluate the training you have just completed.

	Yes ✓	No ✓
The objectives were clear.		
The instructor(s) presented the material well.		
The course met my expectations		
I will use what I learned for patient care/in my job.		
I took this course because the topic(s) sounded interesting		
I took this course to obtain education credit.		

How did you hear about this course: (Check all that apply)

Email  Facebook  Twitter  Posted in my station  ODEMSA Website  Word of Mouth

What information was most useful \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What information was least valuable: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you were the instructor, what would you do differently the next time you taught this class:

\_\_\_\_\_  
\_\_\_\_\_

What could be done differently to motivate increased attendance:

\_\_\_\_\_  
\_\_\_\_\_

Based on the objective to be achieved, what is your overall opinion of the training:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Needs Improvement \_\_\_\_\_

Comments: If you need more room for comments, please feel free to use the back.

\_\_\_\_\_