



Training Evaluation Form

TRAINING INFORMATION

Name:

Course Title:

Name of Presenter:

Start Date:

End Date:

Total No. of Training Hours:

LEARNING OBJECTIVES

Please select your answer using the check boxes

Yes No

Did the session meet its stated aims/objectives?

Did the course meet all 'your' aims?

Can you use what you have learnt in your role?

If any of the aims/objectives were not met, please explain why not?

SESSION CONTENT

Please select your rating using the check boxes

4 = Good 3 = Satisfactory 2 = Poor 1 = Unacceptable

4 3 2 1

Presenter's knowledge of the subject

Was the presenter approachable and informative

Presenter respected the role of each participant within a diverse environment

Session, pace and duration

Surveys, handouts and materials

LEARNING EXPERIENCE

Yes No

The learning environment was favourable for learning?

Have your skills and knowledge advanced as a result of the training?

Would you recommend this training to your colleague?

I am satisfied with my increased understanding of the topic

The overall experience was rewarding

Thank you for taking time to complete this form.

If there are any concerns related to the training provided, kindly address them to the HR department by emailing fay.fialho@psuad.ac.ae or calling extension **9461**