

Training Course Evaluation form

Course Title:

Name:

Course Tutor:

Job Title:

Date:

Company Name:

Contact No.:

What was your overall impression of the course?

Did the course deliver what you expected?

On a scale of 1 to 5, how useful will the course content be to your work?

NOT -> VERY

Comments:

1 2 3 4 5

On a scale of 1 to 5, how clear was the delivery of the content?

NOT -> VERY

Comments:

1 2 3 4 5

In your present position, what was of most value?

What was of least value?

Are there any other subjects in this program you would like to cover in more depth?

How would you rate the trainer's knowledge and presentation of the subject matter?

POOR -> V. GOOD

Comments:

1 2 3 4 5

What actions will you take as a result of attending this course?

Comments:

How could this course be improved?

What further training might you need?

Do you have any complaint about the quality of Boost's training service?