

Skills Development Facilitator

Handout 13

Evaluation/Feedback on Training Interventions

EVALUATION/FEEDBACK ON TRAINING INTERVENTION

| | | - | |
|-------------------|---|---|---|
| DATE: | _ | | |
| FACILITATOR NAME: | | | |
| EMPLOYEE NAME: | | | _ |

Scales: I = Very poor; 2 = Poor; 3 = Average; 4 = Good; 5 = Very Good

| | | I | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| I | How did the Facilitator interact with the learners | | | | | |
| | Reason for your rating: | | | | | |
| 2 | How were the facilitation skills of the facilitator | | | | | |
| | Reason for your rating: | | | | | |
| 3 | How was the facilitator's knowledge on the topic | | | | | |
| | Reason for your rating: | | | | | |
| 4 | How relevant is the course content to your job | | | | | |
| | Reason for your rating: | | | | | |
| 5 | Was the course of any value to you personally | | | | | |
| | Reason for your rating: | | | | | |
| 6 | How understandable/clear was the course content | | | | | |
| | Reason for your rating: | | | | | |
| 7 | Was the venue conducive for training | | | | | |
| | Reason for your rating: | | | | | |
| 8 | How was the quality of the hand-outs (content) | | | | | |

| | Reason for your rating: | | | |
|----|--|--|--|--|
| 9 | How was the quality of the presentation itself | | | |
| | Reason for your rating: | | | |
| 10 | How was the quality of training aids (slideshows, transparencies, etc) | | | |
| | Reason for your rating: | | | |
| 11 | What is your overall impression of this course | | | |
| | Reason for your rating: | | | |