Training evaluation

Date: ____________

Name: _______________________________________________________

Topic:  ______________________________________________________

Speaker:  ____________________________________________________

1. Was the information pertinent? _____YES _____NO

2. Was the information presented clearly? _____YES _____NO

3. Were the objectives met? _____YES _____NO

4. What topics would you like covered in the future?

_____________________________________________________________

5. Additional comments on this in-service. ________________________

_____________________________________________________________

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