



Archdiocese of Agana

CHANCERY OFFICE

196 Cuesta San Ramon, Ste. B ▪ Hagåtña, Guam 96910 ▪ Tel: (671) 472-6116 ▪ Fax: (671) 477-3519

TRAINING EVALUATION FORM

Date: _____

Location: _____

Title of the training: _____

Trainer: _____

Instructions: Please indicate your level of agreement with the statements listed below in No. 1 – 11 (Use X Mark to Indicate your Answer)

	Strongh Agree	Agree	Neutral	Disagree	Strong Disagree
1. The objective of the training were clearly defined.					
2. Participation and interaction were encouraged.					
3. The topics covered were relevant.					
4. The content was organized and easy to follow.					
5. The materials distributed were helpful.					
6. This training experience will be useful in my work.					
7. The trainer was knowledgeable about the training topics.					
8. The trainer was well prepared.					
9. The training objectives were met.					
10. The time allotted for the training was sufficient.					
11. The meeting room and facilities were adequate and comfortable.					

12. What would you like most about this training?

13. What aspect of training could be improved?

14. How do you home to change your practice as a result of this training?

15. What additional trainings would you like to have in the future?

16. Please share other comments or expand on previous responses here:

Thank you for your feedback!