

PROGRAM FEEDBACK

Your Name: _____

Date of Training: _____

Company: _____

Location: _____

Phone Number: _____

Name of Trainer(s): _____

Address: _____

Class Topic(s): _____

Email: _____

NATE ID#: _____

For each statement below select the response that most closely matches:
1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree

Training Material:

1. The training presentation effectively illustrates the Functionality of Products.

1 2 3 4 NA

2. The training presentation effectively demonstrates Applications of Products.

1 2 3 4 NA

3. The material covered in this class improves your Core Knowledge of Products.

1 2 3 4 NA

4. The class content was helpful to me.

1 2 3 4 NA

5. The usability of materials was helpful to me.

1 2 3 4 NA

Training Class Format:

6. The training class agenda is arranged in a logical and effective format.

1 2 3 4 NA

7. The Open Lab time is an effective use of class time.

1 2 3 4 NA

over →

8. The class discussion and dialogue was helpful to me.

1 2 3 4 NA

9. I would recommend this class to someone else.

1 2 3 4 NA

Instructor:

10. The instructor(s) were well prepared for the class.

1 2 3 4 NA

11. The instructor(s) effectively communicated the technical aspects of Products.

1 2 3 4 NA

Overall Assessment:

12. What information presented in this class did you like and/or benefit from?

13. What did you dislike?

14. Was the level of the training too fast, too slow, on target? _____

15. What specific subjects should be addressed at future classes?

16. Provide suggestions on how to improve the effectiveness of the training program.

17. Please check here if you would like to receive product information.

Thank you for taking the time to fill out this form. We appreciate your feedback.