TRAINING EVALUATION QUESTIONNAIRE

Department: _____________________ Name: __________________________
Training date: _________________ Trainer’s name: __________________

Please complete this questionnaire to evaluate the training you have just completed. Your evaluation will help us to design better training programs in the future.

1. How useful was your orientation session?
   - [ ] Excellent
   - [ ] Very good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor

2. What was the most difficult thing about using the system?
   _______________________________________________________________

3. What could your tutor do to be more helpful?
   _______________________________________________________________

4. What could other learners in your work group do to help you learn more about the system?
   _______________________________________________________________

5. What were the best types of activities to help you learn more about the use of the system?
   - [ ] emailing mentor or peers
   - [ ] reading instructions
   - [ ] trial and error
   - [ ] other: _______________________________________________________

6. What did you find interesting or boring?
   _______________________________________________________________

7. What did you find difficult?
   _______________________________________________________________

8. What helped you learn best during this training session? Tick to indicate the ways you learned best:
   - [ ] completing exercises and activities
   - [ ] asking questions and receiving the trainer's explanations
☐ seeing information written in steps to be followed
☐ contacting the trainer on the telephone; listening and clarifying
☐ working in groups.

General comments

Please add any other comments you would like to make.

[Space for comments]

Thank you for participating in this evaluation.

Learner's signature: __________________________  Date: __________________