Training Evaluation Questionnaire

Department: _____________________ Name: __________________________
Training Date: ___________________ Trainer’s Name: __________________

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

1. Was your orientation session useful?
   □ Excellent □ Very Good □ Good □ Fair □ Poor

2. What were the most difficult things about using the system?

3. What could your tutor do to be more helpful when you are learning?

4. What can 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?
   □ Webquests/Searching
   □ Conferencing with mentor/peers
   □ Emailing mentor/peers
   □ Reading instructions
   □ Reading textbooks
   □ Trial and error
   □ Other - _________________________________________________________

6. Did you enjoy learning? - 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 preliminary reading activities offline
- Completing preliminary reading online
- Completing exercises and activities
- Asking questions and receiving the trainer’s explanations
- Seeing information written in steps to be followed
- Looking up information on the Internet - and from textbooks
- Contacting the trainer on the telephone; listening and clarifying
- Working in groups in an organised conference
- Working in groups face-to-face (organised via trainer or mentor)
- Going on tours through the organisation
- Watching videos and answering questions
- Participating in video roleplays for pre-assessment of assessment tasks
- Participating in live roleplays for pre-assessment of assessment tasks

GENERAL COMMENTS YOU WOULD LIKE TO MAKE

9a. Your comments should be about how the training has helped you or could help you in a better way. Tick the type of suggestions you have and describe your point in the response box.

- The layout of the training notes
- Learner Guide
- Study Schedule
- Communications
- Resources
- Case Studies
- Assessment
- Instructions
- Content
- Font sizes
- Colour scheme
- Graphics
- Animations
- Headings
- Sections

9b. Outline your suggestions. Please state the specific section and location where you would like the suggestion to be considered.

Thank you for participating in this evaluation.

LEARNER SIGNATURE: ______________________ DATE: ___________________