

[Your logo here]

[Company Name]
{Street Address}
{City, ST ZIP code}

Employee Training Survey

Name: _____

Department: _____

Position: _____

Department Manager: _____

Date of Training: _____

Trainer: _____

Please take a moment to help us improve your training experience at [Company Name].
Thanks for your input!

1) Rate the overall training program

Excellent

Good

Fair

Poor

Don't know



2) How engaging was your training experience?



3) I found the training objectives to be clearly defined.

Yes

No

4) The training program met my expectations.

Yes

To some extent

No

