



TRAINING REVIEW FORM

Instructions: Please complete by placing a circle by SA (Strongly Agree), A (Agree) N (Neutral) D (Disagree) and SD (Strongly Disagree) next to the appropriate statement.

Please return the completed form to the Human Resource Department within two days of completing your training program.

SECTION 1

Name (optional): _____

Job Position: _____

Course Title: _____

Instructor's name: _____

Date: ____/____/____

SECTION 2- Course Content

- | | | | | | |
|--|----|---|---|----|----|
| 1) The material presented was relevant to my job | SA | A | N | DA | SD |
| 2) The course was very informative | SA | A | N | DA | SD |
| 3) The information was presented in a manageable manner | SA | A | N | DA | SD |
| 4) The course material was up to date and reliable | SA | A | N | DA | SD |
| 5) The content achieved the objectives detailed in the program outline | SA | A | N | DA | SD |

SECTION 2- Trainer

- | | | | | | |
|---|----|---|---|----|----|
| 6) The trainer was well prepared for the session | SA | A | N | DA | SD |
| 7) The trainer provided adequate feedback and clarification | SA | A | N | DA | SD |
| 8) The trainer presentation style was well suited for this course | SA | A | N | DA | SD |
| 9) The trainer utilized a variety of delivery methods | SA | A | N | DA | SD |
| 10) The trainer demonstrated a passion for the subject area | SA | A | N | DA | SD |
| 11) The trainer was punctual and professional in conduct | SA | A | N | DA | SD |

SECTION 3- Environment

12) The size and layout of the room was well suited	SA	A	N	DA	SD
13) The lighting, temperature and ventilation were appropriate	SA	A	N	DA	SD
14) The aesthetics and sound of the room were appropriate	SA	A	N	DA	SD
15) The refreshments were adequate	SA	A	N	DA	SD
16) The refreshments were provided in a timely manner	SA	A	N	DA	SD
17) The overall administrative of this course was sufficient	SA	A	N	DA	SD

SECTION 4- Any other comments

Please identify any additional comments, criticisms or recommendations that will assist in improving your training experience with the Caribbean Nazarene College:

_____ Signature of Participant	_____ Date
_____ Signature of Immediate Supervisor	_____ Date
_____ Signature of HR coordinator	_____ Date

For HR use only:

Action plans/ items:

- 1) _____

- 2) _____

- 3) _____
