

Training Evaluation Form

Date of Presentation:

Presenter's Name:

Topic or Session:

***Please complete the evaluation for today's training session – your feedback is valuable
AusDBF is committed to continual improvement and suggestions will be considered***

Criteria	Strongly agree 4	Agree 3	Disagree 2
Training was relevant to my needs			
Materials provided were helpful			
Length of training was sufficient			
Content was well organised			
Questions were encouraged			
Instructions were clear and understandable			
Training met my expectations			
The presenter and / or presentation was effective			