|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| C:\Users\User\Desktop\GTU_LOGO_600X384_JPG_EN.jpg | Training Title :  Trainer’s Name and Surname :  Training Date :  Training Venue : | | | | | |
| Please rate the quality of the training in terms of the following: | | **5**  **Very Good** | **4 Good** | **3**  **Fair** | **2**  **Poor** | **1**  **Very Poor** |
| **1-** Training Documents | |  |  |  |  |  |
| **2-** Visual Training Aids | |  |  |  |  |  |
| **3-** Total Duration of the Training | |  |  |  |  |  |
| **4-** Training Content vs. Your Expectations | |  |  |  |  |  |
| **5-** Description of Topics in a Clear and Understandable Manner | |  |  |  |  |  |
| **6-** Trainer’s Delivery Technique | |  |  |  |  |  |
| **7-** Trainer’s Knowledge of the Training Subject/Topic | |  |  |  |  |  |
| **8-** Training Room | |  |  |  |  |  |
| **9-** Food, Tea/Coffee and Catering Services at the Training Venue | |  |  |  |  |  |
| **Please respond to the questions to help us to collect data for our trainings’performance evaluation and to contribute to the trainings to be organized in the future:** | Training hours were **a)** too many **b)** about right **c)** too few  Breaks given were **a)** too many **b)** about right **c)** too few  Number of  Participants were **a)** too many **b)** about right **c)** too few  Active engagement of  participants in the training was **a)** too much **b)** about right **c)** too little  ☺ **What did you like most about the training?** ..........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  ☹ **What aspects of the training could be improved?** ......................................................................................................................................................................................................................................................................................................................................................................................................................................................................  ­**Please share any other comments here:** .....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................…………………………………………...................................................................................………………...  **Note: If you would like us to contact you regarding your comments, please provide your name and surname below.**  **Name & Surname :** ………………………….....……… | | | | | |

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| **Document Number:** | **AN-0001** |
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| **Revision No:** | **0** |
| **Revision Date:** | **-** |

**TRAINING SATISFACTION SURVEY**