

Company Name 	Trainee Feedback Form	Document No: VSPL/TF/01
		Rev. No. : 00 Date :

Employee Name :	Date:
Please TICK mark the points accordingly.	

❖ Please rate the below questions:-

- 1) How will you rate the Training provided by Trainer?
a) Excellent b) Good c) Average d) Poor

- 2) How will you rate responsiveness of Trainer for your queries during the training ?
a) Excellent b) Good c) Average d) Poor

- 3) How will you rate communication skill and knowledge of our Trainer?
a) Excellent b) Good c) Average d) Poor

- 4) Did the training met the expectations?
a) Excellent b) Good c) Average d) Poor

- 5) How do you rate the training overall??
a) Excellent b) Good c) Average d) Poor

1) Please describe specific areas need to be improve .

2) Please highlight factors that had a positive effect on this training and on accomplishing the learning objectives. Also the Suggestions for enhancing the positive effects?

3) Please highlight factors that had a negative effect on this training and on accomplishing the learning objectives. Also Suggestions for enhancing the negative effects?

<ul style="list-style-type: none"> • Comments (If any) : 	
Trainee's Signature :	Reviewed By /Trainer's name: