# Course Evaluation Form

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| **Name** | | | |
| **Course Title** | | **Date** | |
| **Company** | | **Location** | |
| **Email** | | | |

Thank you for completing our course evaluation, your feedback is greatly appreciated.

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| **The trainer met the training objectives** | **Yes** ☐ | **No** ☐ |
| **The training objectives for each topic were identified** | **Yes** ☐ | **No** ☐ |
| **Class participation and interaction were encouraged** | **Yes** ☐ | **No** ☐ |
| **Adequate time was provided for questions and discussion** | **Yes** ☐ | **No** ☐ |
| **I will be able to apply the knowledge learned** | **Yes** ☐ | **No** ☐ |
| **I would recommend this course** | **Yes** ☐ | **No** ☐ |

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| **Which topics did you find most beneficial?** |
| **What other courses would you like to attend?** |