



TRAINING FEEDBACK FORM

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Form no.	OGLD-1296
Revision no.	1
Effectivity	July 18, 2023

NAME OF COMPANY _____
 TRAINING PROVIDER _____

TRAINING DATE _____

Instruction: Please check the box that best corresponds to your answer to each item below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The objectives of the training were clearly defined					
Participation and interaction were encouraged					
The topics covered were relevant to me					
The materials distributed were helpful					
This Training experience will be useful in my work					
The Trainier was knowledgeable about the training topics					
The trainer was well prepared					
The training objectives were met					
The time allotted for the training was sufficient					
The online system is clear and audible					

COMMENTS:

RATER:

SIGNATURE OVER PRINTED NAME
 POSITION/NAME