



BETHANY COUNSELING CENTER
3908 N. PENIEL, STE. 500
BETHANY, OK 73008
405-603-3265

TRAINING EVALUATION

NAME OF TRAINING: _____

DATE: _____

TRAINER: _____

On a scale of 1 to 5, please rate the training.

Area	1 Extremely Poor/ Do Not Agree	2 Below Average/ Somewhat Agree	3 Average/ Agree	4 Above Average/ Mostly Agree	5 Excellent/ Completely Agree
Overall evaluation of the training					
Training Material was Useful in my daily work					
Learning objectives were met.					
The setting was comfortable and conducive to learning.					
The trainer was knowledgeable had relevant experience in the subject matter.					
The style of the presentation was conducive to learning					
The speaker was prepared and organized.					
The information was valuable to me as a professional					

Comments: _____

Recommendations for future trainings: _____

Printed Name (optional): _____ Signature (optional): _____