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FEEDBACK FORM

- **Document Code:** HR-034
- **Version:** 1.0
- **Date:** 01/01/2025

Purpose:

To assess the **effectiveness of training sessions** from the participant's perspective.

SECTION 1: TRAINING DETAILS

Field	Details
Training Program	
Trainer Name	
Date	

SECTION 2: TRAINING EVALUATION

Evaluation Criteria	Rating (1-5)	Comments
Content Relevance	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Trainer's Effectiveness	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Engagement & Interaction	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	

Employee Signature: _____ **Date:**