

# DRURY UNIVERSITY

## TRAINING EVALUATION FORM

Name of Attendee: (Optional) \_\_\_\_\_

Type of Training Session: \_\_\_\_\_

The following information will be used to help the Human Resources staff design, revise, and conduct the most relevant training for new employees. Your responses will help determine how this program can better meet the needs of new faculty and staff here at Drury University.

1. What is your overall evaluation of this program?

\_\_\_ Excellent      \_\_\_ Good      \_\_\_ Fair      \_\_\_ Poor

2. How would you compare this program to other staff/faculty training programs you have attended?

\_\_\_ Better    \_\_\_ Similar    \_\_\_ Not as good    \_\_\_ Never attended one elsewhere

3. How well did the facilitators convey information and answer your questions?

\_\_\_ Excellent      \_\_\_ Good      \_\_\_ Fair      \_\_\_ Poor

4. Considering the amount of material to be covered, the length of the session was:

\_\_\_ Too long      \_\_\_ Too short      \_\_\_ About right

5. What was the most helpful information you obtained in this session?

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6. In your opinion, did this session meet your needs? \_\_\_ Yes \_\_\_ No

Comments: \_\_\_\_\_

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7. What additional information would you like to have seen covered? List or discuss any areas that were not covered that you feel would be helpful?

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8. Were there any areas that you felt did not need to be included in the program? If so, please list them.

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9. What comments or suggestions would you make to improve this program?

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10. Are there any other topics for which you would like to see training offered?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, list the topics:

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