## **Employee Training Survey**

Name:				Department:		
Position:				Department Manager:		
Date of Training:				Traine	r:	
Please take a moment to help us improve your training experience at [Company Name]. Thanks for your input!						
1) Rate the overall training program						
	Excellent	Good	Fair	Poor	Don't know	
		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2) How engaging was your training experience?						
		<b>:</b>	Ü	•		
3) I found the training objectives to be clearly defined.						
	Yes					
	No No					
4)	) The training program met my expectations.					
	Yes					
	To som	e extent				
	No					

5)	Was the content presented clearly?						
	Yes						
	To some extent						
	No No						
6)	low much new information did you learn?						
	A lot						
	A little						
	None						
7)	Was there any content that should have been included in the course? Please explain.						
	Text entry field]						
8)	Do you think you will practice the new knowledge and skills in your job?						
	Yes						
	No No						
	Don't know						
9)	Did you have any difficulties when signing in to the LMS platform?						
	Yes						
	No No						
10) How likely would you be to recommend this training to a colleague?							
	Extremely Rather likely Don't know Unlikely likely Likely						