**Work Package:** *(to be filled by the organizer)*

**Seminar/Training Course Title:** *(to be filled by the organizer)*

**Date:**

**Location of training:**

**Your name (not compulsory):**

**Your company/organisation (not compulsory):**

#### We'd like to have your opinion on the organisational aspects and the overall quality for the training. Please complete the evaluation for the training session. Your feedback is valuable. INNOLEA project is committed to continual improvement and suggestions will be considered.

| *Please answer each question with a grade between 1-5, where 1 is Fully disagree and 5 is Fully agree.* | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| 1. **Please rate the overall training experience.** |  | | | | |
| 1. The training was well planned and organised. |  |  |  |  |  |
| 1. The training facilities were adequate and comfortable. |  |  |  |  |  |
| 1. The technical resources used were satisfactory. |  |  |  |  |  |
| 1. Materials provided were helpful. |  |  |  |  |  |
| 1. The objectives of the training were clearly defined and met. |  |  |  |  |  |
| 1. The training content was well organised. |  |  |  |  |  |
| 1. The topics of the training were clear and easy to follow. |  |  |  |  |  |
| 1. Length of training was sufficient. |  |  |  |  |  |
| 1. The training enhanced my understanding on the subject. |  |  |  |  |  |
| 1. Training was relevant to my needs. |  |  |  |  |  |
| 1. The training will be useful to my work and my professional growth. |  |  |  |  |  |
| 1. Training met my expectations. |  |  |  |  |  |
| 1. **What is your opinion of the Trainers, regarding:** |  |  |  |  |  |
| 1. The trainer was knowledgeable about the training topic. |  |  |  |  |  |
| 1. The trainer had the ability to explain and illustrate concepts. |  |  |  |  |  |
| 1. The topics were presented in a clear and understandable manner. |  |  |  |  |  |
| 1. The trainer encouraged participation, interaction and answered questions clearly. |  |  |  |  |  |
| 1. The trainer’s communication style kept me focused and interested. |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Was this training appropriate for your level of experience? | Yes | No |
| 1. Which topics were not covered or insufficiently covered, in your opinion? | | |
| 1. Which topics were not relevant in your opinion? | | |
| 1. What did you like best about the training? | | |
| 1. What suggestions or comments do you have for making the program more effective? | | |