Live Training Survey



Instructor:				BEAC
Organization:				
Date of training:				
	Poor	Fair	Good	Excellent
Overall, how would you rate the training class?				
Please rate the trainer:				
Overall, how would you rate the trainer?				
Did the trainer have a thorough grasp of the material?				
Were any questions properly addressed?				
Was the trainer prepared?				
Was professionalism maintained?				
Was sufficient time allotted?				
Please rate the training class:				
Did this class meet your expectations?				
Was the level of instruction appropriate?				
Was the length of the class satisfactory?				
Were written materials provided?				
Was the presentation well organized?				
After the class, could you explain the material to a co-worker?				
Please provide any additional comments or conce	rns design	ed to impr	ove this tra	ining: