

LUSAIL HSE & FIRE WORKSHOP - TRAINING EVALUATION



Date:

Topic:

*Please complete this evaluation by indicating the extent of your agreement with each statement, by ticking a box or by adding your comments as appropriate.
Your time and comments are important to us and will ensure that we continually improve our courses.
All responses are anonymous and will remain confidential.*

Please rate your level of agreement on whether the learning outcomes for the training were attained.	Strongly Agree	Neutral	Disagree
<i>Please tick the relevant boxes</i>			
1. Training content was valuable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The training developed my knowledge and skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I will be able to apply the knowledge learned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall how would you rate the training class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor responded effectively to questions, queries and concerns...?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Previous months CD content was sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Was there anything you did not understand during today's sessions? Please provide specific examples.

8. What is the most valuable thing you learned today (knowledge or skills)?

9. Please add any general comments or improvement suggestions:

Thank you. Your name and signature is optional.

Name:

Signature:

Plot No:.....

Thank you for your time