
Evaluation Instrument 5-1**Level 1 Evaluation Form**

Please indicate your response by circling one number for each of the items below. Place this evaluation face down on the front desk as you leave. Thank you.

ABOUT THE EXPERIENCE	RATING		COMMENTS
	LOW	HIGH	
Instructor's knowledge of subject matter	1	2 3 4 5	
Instructor's skill in training	1	2 3 4 5	
Effectiveness of the handout materials	1	2 3 4 5	
Effectiveness of the visuals	1	2 3 4 5	
Learning value of the exercises	1	2 3 4 5	
Comfort of the facilities	1	2 3 4 5	
Adequacy of the preliminary arrangements	1	2 3 4 5	
Overall evaluation of the training program	1	2 3 4 5	

ABOUT THE SUBJECT MATTER	RATING		COMMENTS
	LOW	HIGH	
Amount of information I learned as a result of this training	1	2 3 4 5	
Usefulness of this training to me on my job	1	2 3 4 5	
My level of knowledge about this subject prior to today's training	1	2 3 4 5	
Difficulty I had in understanding this material. (Note: 5 = a lot of difficulty.)		5 4 3 2 1	
What two things were most beneficial to you from this session?	1 2		
What improvements would you suggest in this training program?			