



USDA / OCIO / ITS / TSD On-Line Training  
Training Evaluation Form

City \_\_\_\_\_ State \_\_\_\_\_

Date of Training \_\_\_/\_\_\_/\_\_\_

**Your response to this evaluation form is extremely important to us. To help us provide the highest quality training, we ask you to complete this evaluation and turn it in at the end of the class. Your honest constructive criticism is welcomed.**

**Course Title:**      **Motivating Your Employees**     

**Effective Conflict Resolution**     

**Time Management**     

**Time Zone:**      **EST**     

**MST**     

**CST**     

**PST**     

**Course Instructor:** \_\_\_\_\_  
**Your Name:** \_\_\_\_\_

**Instructions:** Please comment on all applicable evaluation items and assign a number grade, using a 1-5 scale, with **5 as the highest** and **1 as the lowest**.

1. Were the stated learning objectives met?  \_\_\_\_\_
2. Were program materials accurate?  \_\_\_\_\_
3. Were program materials relevant and did they contribute to the achievement of the learning objectives?  
 \_\_\_\_\_
5. Was the time allotted to the learning activity appropriate?  \_\_\_\_\_
6. Were the individual instructors(s) effective?  \_\_\_\_\_
7. Were the handout and/or advance preparation materials satisfactory?  \_\_\_\_\_
8. Were the audio and visual materials effective?  \_\_\_\_\_
9. How satisfied are you with the on-line training?  \_\_\_\_\_
10. How satisfied are you that this training time was well spent?  \_\_\_\_\_
11. What did you like most about the training?  \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. What areas do you think could be improved?  \_\_\_\_\_  
 \_\_\_\_\_