Course Evaluation Form

Name			
Course Title		**Date**	
Company		**Location**	
Email			

Thank you for completing our course evaluation, your feedback is greatly appreciated.

The trainer met the training objectives	**Yes** ☐	**No** ☐
The training objectives for each topic were identified	**Yes** ☐	**No** ☐
Class participation and interaction were encouraged	**Yes** ☐	**No** ☐
Adequate time was provided for questions and discussion	**Yes** ☐	**No** ☐
I will be able to apply the knowledge learned	**Yes** ☐	**No** ☐
I would recommend this course	**Yes** ☐	**No** ☐

Which topics did you find most beneficial?
What other courses would you like to attend?

Learning & Performance Institute
Accredited Learning Provider
Gold Standard

Microsoft Partner
Silver Learning