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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ErgoSystems**  **Training Evaluation Form** | | | | | | | ErgoSystems Consulting, LLC  (952) 401-9296 www.ergosystemsconsulting.com  10205 28th Avenue North  Plymouth, MN 55441 | | | |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_  Training (Course Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| At ErgoSystems we are very interested in meeting your needs. Your input is invaluable to us in our efforts to offer the highest quality workshops, training materials and consulting services. | | | | | | | | | | |
| **Please take a moment to complete this evaluation form. Thanks!**  **Please respond to these questions using the scale provided (circle the number).**  **Strongly DISAGREE Neutral Strongly AGREE** | | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | | **8** | **9** | **10** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Information presented was new material to me.** | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **2. The workshop content was presented in a clear and understandable way.** | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **3. The workshop was organized and to the point.** | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **4. The workshop has added to my knowledge and job skills.** | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **5. The audiovisuals and handouts were worthwhile and helped me understand the material.** | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **6. Overall, this workshop was effective.** | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **7. Overall, this speaker was effective.** | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Items or concepts I found more interesting and worthwhile:** | | | | | | | | | |
| **Items or concepts I would have liked to have heard more about:** | | | | | | | | | |
| **Additional comments:** | | | | | | | | | |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Optional)*