

Learning and Development Evaluation Form

Event/Session:	Date:
Session Leader:	Location:

Participant Name: (optional)	Title: (optional)
Division:	Section:
Work Location:	

Please rate (✓) the following statements as indicated.

	Unsatisfactory	Fair	Good	Very Good	Excellent
The process for registration/booking					
The relevance of the skills and concepts presented to the job/role I will be doing.					
The balance (theory vs. practical)					
The trainer/facilitator's understanding of the content and how it was presented					
The pace of the session for learning					
The environment, i.e., opportunity to ask questions and express concerns					
Overall impression of the session					

Evidence of Learning:

In what ways did the learning event meet your objectives?

What aspects of the learning event did you find the least useful?

Outcomes:

What aspect /part of the learning can you apply within your own job immediately?

What has the learning event highlighted for you to develop?

What behavioural changes might you make as a result of this learning?

Would you recommend this learning to a colleague? Why or Why not?

Benefits to the organization/work unit:

What are the resulting benefits to your organization or work unit of having attended this learning?

How will it impact your goals for this year?

Comments:

Do you have any additional comments or suggestions?