

Staff Compliance Training Evaluation Form

Staff Name

Department

Training Title

Date of Training

1. The training content was relevant to my role:

☐ 1

Very Poor

☐ 2

☐ 3

☐ 4

☐ 5

Excellent

2. The trainer communicated clearly:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

3. The training objectives were met:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

4. Suggestions for improvement

5. Additional comments

Important Notes:

- This evaluation form helps assess training effectiveness and identify improvement areas.
- Responses should be kept confidential to encourage honest feedback.
- Results can guide future training planning and compliance audits.
- Keep completed forms securely as part of training records.