

Staff Compliance Training Evaluation Form

Staff Name

Enter staff name

Department

Enter department

Training Title

Enter 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

Your suggestions here...

5. Additional comments

Your comments here...

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.