

**Facility:**

**Location:**

## Training Evaluation

Date: \_\_\_\_\_ Trainee: \_\_\_\_\_

<i>Item</i>	<i>Circle</i> <i>Y (Yes) or N (No)</i>	<i>Comments</i>	<i>Score</i> <i>1= unsatisfactory</i> <i>2= satisfactory</i> <i>3= very good</i>
Was the process clearly explained?	Y N		
Was (were) the procedure(s) clearly demonstrated?	Y N		
Were you shown where to get supplies and equipment?	Y N		
Were you given enough time to practice?	Y N		
Was the trainer approachable?	Y N		
Did you feel comfortable asking questions?	Y N		
If the trainer did not know the answer, could he/she find the information?	Y N		
When you did the procedure(s), were you corrected respectfully?	Y N		
Did you get constructive, timely feedback?	Y N		
Did you feel comfortable performing the procedure(s) on your own?	Y N		
Were you asked questions to gauge your knowledge and understanding of the process or procedure(s)?	Y N		

Trainer(s) being evaluated: \_\_\_\_\_  
\_\_\_\_\_