



Daily Equipment Company

Company Supplied Training Evaluation

Instructor: _____

Date: _____

Course: _____

Tech #: _____

Was the subject of the class meaningful to your job?

No Somewhat Yes

Do you feel that you are more able to do your job having gone through this training?

No Somewhat Yes

Was the classroom part of the class interesting?

No Somewhat Yes

Was there enough hands-on instruction?

No Not Applicable Yes

How do you rate the instructor of this class?

Poor Fair Good Very Good

How do you rate this class overall? (material, hands-on instruction, instructor)

Poor Fair Good Very Good

What can we do to offer more effective training for you?

What other comments do you have about our training program in general?
