**Course Satisfaction Survey**

***Tell us what you think!***Please complete the form in full. Read carefully and answer with your opinion.

**Employer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Training Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
|  **Question** | **Strongly Agree****5** | **Agree****4** | **Neutral****3** | **Disagree****2** | **Strongly****Disagree****1** |
| 1. The objectives and goals of the training were clearly explained.
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| 1. The training objectives and goals were met.
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| 1. The trainer spoke clearly using words I understood.
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| 1. The information was well organized and easy to follow.
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| 1. Participation and team work were encouraged.
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| 1. The training topics covered relate to my job.
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| 1. I think that what I learned will improve my patient care.
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| 1. Technology was used well to help me with learning.
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| 1. The training room was comfortable and helpful for learning.
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 **Your comments and opinions about this training are valuable to us.** Please provide feedback to improve trainings.

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| **Question** | **Response** |
| 1. What did you like the most about this training?
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| 1. What could be done better?
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| 1. Will this training change how you do your job? If yes, please explain.
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