**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. |  |  |  |  |  |
| 1. The training objectives and goals were met. |  |  |  |  |  |
| 1. The trainer spoke clearly using words I understood. |  |  |  |  |  |
| 1. The information was well organized and easy to follow. |  |  |  |  |  |
| 1. Participation and team work were encouraged. |  |  |  |  |  |
| 1. The training topics covered relate to my job. |  |  |  |  |  |
| 1. I think that what I learned will improve my patient care. |  |  |  |  |  |
| 1. Technology was used well to help me with learning. |  |  |  |  |  |
| 1. The training room was comfortable and helpful for learning. |  |  |  |  |  |

**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? |  |
| 1. What could be done better? |  |
| 1. Will this training change how you do your job? If yes, please explain. |  |