50 Training Survey Questions for Post-training Feedback

| **Topics** | **Questions** | **Responses** | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|
| **Pre-training Material** | How helpful was the pre-training material you had studied in readiness for the training program? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| Has the pre-training assessment helped you determine your areas of improvement? | * Yes * No * Somewhat | | | | |
| How interactive and engaging were the pre-training materials? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| What else could we have done to make our pre-training more effective? | *[Enter your response here]* | | | | |
| **Course Content,**  **Structure &**  **Modules** | How informative and useful would you rate the course materials? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| Did the course content cover all the relevant topics and concepts you expected? | * Yes * No * Somewhat | | | | |
| How well were the explanations and examples given during the training? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| Were there any topics or areas that you felt were lacking and required more explanation? | * Yes — *[Please specify]* * No | | | | |
| Was there a logical flow of new knowledge in the training modules? | * Yes * No * Somewhat | | | | |
| How appropriate were the exercises and activities created to support the concepts? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| Was the material you were trained upon interesting? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| Were you able to maintain your attention for the entire duration? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| **Instructor Effectiveness** | How well did the instructors explain the subject? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| Was the content explicit and well articulated by the instructor? | * Yes * No * Somewhat | | | | |
| To what extent could the instructor involve you and keep you interested throughout? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| Did the instructor use good examples and scenarios when presenting the concepts? | * Yes * No | | | | |
| How easy did the instructor make it for you to follow the pace and flow of the training? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| How responsive was the instructor to questions and concerns? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| Did the instructor offer the team helpful feedback and suggestions for improvement during activities or exercises? | * Yes * No — *[Please specify]* | | | | |
| **Learning Experience** | How would you rate your learning experience during this training? | **Bad** | **Poor** | **Average** | **Good** | **Excellent** |
| Were the interactive features engaging and helpful in driving home the concepts? | **1** | **2** | **3** | **4** | **5** |
| Did the overall training environment help enhance your learning experience positively? | **1** | **2** | **3** | **4** | **5** |
| Were there any distractions or disturbances that took away from your ability to concentrate and learn? | * Yes — *[Please specify]* * No | | | | |
| **Practical Application** | How confident are you in applying the skills/knowledge acquired in this training? | *[Enter your response here]* | | | | |
| What specific tasks or scenarios from your job do you predict using your new skills? | *[Enter your response here]* | | | | |
| Which parts of the training do you feel will be helpful to enhance your job performance the most? | *[Enter your response here]* | | | | |
| What are the barriers or difficulties that you foresee in implementing ‌training concepts? | *[Enter your response here]* | | | | |
| How will you ensure the implementation of the skills you gained is maintained and, over time, further inculcated?  *(Select all that apply)* | * *Regularly review and practice the skills learned* * *Seek feedback from supervisors and peers to improve* * *Participate in additional training sessions or workshops* * *Apply the skills to real-life projects and tasks* * *Other* — *[Please specify]* | | | | |
| What additional resources, tools, or support would help you better apply what was taught? | *[Enter your response here]* | | | | |
| Can you give an example of how you have already used something from the training in your work? | *[Enter your response here]* | | | | |
| **Satisfaction & Improvement** | How satisfied were you with the overall training program? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| What aspects of the training were particularly valuable or engaging? | *[Enter your response here]* | | | | |
| What aspect of the training could be improved? | *Depth and detail of the course content* | | | | |
| Were there any topics or areas that you felt needed more coverage or depth? | *[Enter your response here]* | | | | |
| Did the training meet your expectations? If not, how did it fall short? | * Yes * No — *[Please specify]* | | | | |
| How would you rate the pace of the training – too fast, too slow, or just right? | * Too fast * Too slow * Just right | | | | |
| **Tech & Tools** | How user-friendly and intuitive were the tools (e.g., learning management system, discussion forums, etc.) used during the training program? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| Were there any technical issues or glitches that disrupted the training sessions? If so, how were they handled? | * Yes— *[Please specify]* * No | | | | |
| Did the training program effectively use media? | * Yes * No * Somewhat | | | | |
| How would you rate the quality and functionality of the tools used in terms of audio, video, screen-sharing, and other features? | **Bad** | **Poor** | **Average** | **Good** | **Excellent** |
| **Logistics & Administration**  **(On-site)** | How convenient was the training schedule for you? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| Was the training venue easily accessible and comfortable? | * Yes * No — *[Please specify]* | | | | |
| How would you rate the quality of the training facilities? | **Bad** | **Poor** | **Average** | **Good** | **Excellent** |
| Did you face any issues with registration or enrollment for the training program? | * Yes — *[Please specify]* * No | | | | |
| How responsive and helpful was the administrative support staff throughout the training process? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| **Logistics & Administration**  **(Online)** | How convenient was the online training schedule for you? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| How easy was it to access and navigate the online training platform? | **Not at all** | **Somewhat** | **Quite** | **Very** | **Extremely** |
| Did you face any issues with registration or enrollment for the online training program? | * Yes — *[Please specify]* * No | | | | |
| Did the online training provide sufficient opportunities for networking with peers? | * Yes * No — *[Please specify]* | | | | |
| How would you rate your experience with technical support during the online training? | **Bad** | **Poor** | **Average** | **Good** | **Excellent** |