

## RURAL DEVELOPMENT PROJECT (RDP)

### Training Satisfaction Survey

Course Name:		Instructor Name:	
Course Date(s):		Course Location:	

*In order to help us continue to improve the quality of our courses, we would appreciate your feedback.*

*Please give us your honest evaluation about the training you have just completed.*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1) All the objectives were achieved for this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) The instructor was well-organized and knowledgeable on the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) You had the necessary previous knowledge and skills required for this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) The workshop was structured in a way that you could easily understand the material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) The instructor communicated concepts and processes clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) The audio and visual training aids were accurate, clear and useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) You will be able to apply this new knowledge and skills to your job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) The training facilities were appropriate for the class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) The instructor encouraged class participation and questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Overall, you are very satisfied with this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) What did you like best about this training?						
12) What did you like least about this training?						
13) Do you have any suggestions about how this training could be improved?						

***Thank you for taking the time to answer these questions!***

*An Equal Opportunity Employer & Program. Ausiliary aids & services available upon request for individuals with disabilities.*