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| **ErgoSystems** **Training Evaluation Form** | ErgoSystems Consulting, LLC (952) 401-9296 www.ergosystemsconsulting.com10205 28th Avenue NorthPlymouth, MN 55441 |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_ Training (Course Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| At ErgoSystems we are very interested in meeting your needs. Your input is invaluable to us in our efforts to offer the highest quality workshops, training materials and consulting services. |
| **Please take a moment to complete this evaluation form. Thanks!****Please respond to these questions using the scale provided (circle the number).****Strongly DISAGREE Neutral Strongly AGREE** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

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| **1. Information presented was new material to me.** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **2. The workshop content was presented in a clear and understandable way.** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **3. The workshop was organized and to the point.** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **4. The workshop has added to my knowledge and job skills.** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **5. The audiovisuals and handouts were worthwhile and helped me understand the material.** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **6. Overall, this workshop was effective.** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **7. Overall, this speaker was effective.** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Items or concepts I found more interesting and worthwhile:** |
| **Items or concepts I would have liked to have heard more about:** |
| **Additional comments:** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Optional)*