**Training Evaluation**

**Course name: \_\_\_\_\_\_\_\_\_\_\_; Date: \_\_\_\_\_\_\_\_\_\_\_; Duration: \_\_\_\_\_\_\_\_\_\_\_**

You are invited to evaluate this training session. Please read each question carefully and select the answer you believe is the most appropriate. There are no right or wrong answers, and your true opinion is what matters.

**1. Please identify your University/ Organization**

□ Mutah University

□ Jordan University of Science and Technology

□ Greater Karak Municipality

□ Al-Hussein Bin Talal University

□ University of Jordan

□ Tafila Technical University

□ Ministry of Public Works and Housing

**2. Please indicate how do you evaluate the presentation/training session**

|  | Totally disagree | Partially agree | Agree | Totally agree |
| --- | --- | --- | --- | --- |
| 2.1. The presentation/training subject is relevant to the Job Jo Project |  |  |  |  |
| 2.2. The documents/training material provided are useful |  |  |  |  |
| 2.3. The audio-visual materials were effective |  |  |  |  |
| 2.4. The presentation/training timing and duration are adequate |  |  |  |  |

**3. Please indicate how do you evaluate the speaker/trainer**

|  | Totally disagree | Partially agree | Agree | Totally agree |
| --- | --- | --- | --- | --- |
| 3.1. The objectives of the presentation/training were clearly stated by the speaker/trainer |  |  |  |  |
| 3.2. The speaker/trainer made a fluent and interesting presentation  |  |  |  |  |
| 3.3. The theory/practical connections were clearly stated and illustrated by the speaker/trainer |  |  |  |  |
| 3.4. There was enough opportunity to interact between the speaker/trainer and the trainees |  |  |  |  |

**4. Self-evaluation of individual prerequisites**

|  | Totally disagree | Partially agree | Agree | Totally agree |
| --- | --- | --- | --- | --- |
| 4.1. I had the basic knowledge needed to complete, with no hardship, this training. |  |  |  |  |
| 4.2. I attended this training in very good material conditions (good internet velocity and adequate computer/ tablet) |  |  |  |  |

**5. All considered, how satisfied are you with this training session (Date)?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |
| Totally satisfied |  |  |  | Satisfied |  |  |  | Not at all satisfied |

**6. Do you have any suggestion to further improve the functioning of the next training session? If so, please share them with us.**