

 Responsible Office/Division	Document No.: MDSAP QMS F0014.2.001	Page: 1 of 2
	Version Date: 2013-07-15	Effective Date: 2013-07-15
Title: MDSAP QMS Training Evaluation Form	Project Manager: Liliane Brown, USFDA	

This form is fillable when it is a Word Document

Title Date of Training
Trainer Location (if appropriate)

Please complete this evaluation at the conclusion of the training session. It is important to complete this in detail and to be frank in your observations. As a trainer, I'm always seeking ways to improve my training design and delivery. In addition, completion of this form is necessary for earning CEUs. Once completed forward the document via email to the appropriate MDSAP site RA Training Representative and RAC Secretariat.

Please rate your level of agreement on whether the learning outcomes for the training were attained.	5 – strongly agree 4 – agree 3 – neither agree nor disagree 2 – disagree 1 – disagree strongly				
	1.	5	4	3	2
2.	5	4	3	2	1
3.	5	4	3	2	1
4.	5	4	3	2	1
5.	5	4	3	2	1
6.	5	4	3	2	1
7. Training content was valuable.	5	4	3	2	1
8. I can use the information in my work.	5	4	3	2	1
9. Training format was effective (small group, lecture, etc.)	5	4	3	2	1
10. Training materials were helpful.	5	4	3	2	1
11. Instructor was knowledgeable about topic.	5	4	3	2	1
12. Instructor presentation style was effective.	5	4	3	2	1
13. Instructor involved participants in learning activities.	5	4	3	2	1
14. The room and amenities were conducive to learning (if applicable).	5	4	3	2	1
15. The training delivery method (in the classroom, via the Internet	5	4	3	2	1

etc.) was appropriate					
16. The training was cost effective (good value for money)	5	4	3	2	1
17. What was the most valuable thing you learned and why?					
18. What was of least value to you and why?					
19. Additional Comments:					