

POST TRAINING FEEDBACK

Thank you for participating in the training. To better understand what was most impactful and how the experience can be strengthened, please complete this post training feedback form.

How would you rate this training overall?

☐ Very Poor ☐ Poor ☐ Fair ☐ Good ☐ Excellent

How likely are you to recommend this training to others?

☐ Not Likely ☐ Somewhat Likely ☐ Moderately Likely ☐ Very Likely ☐ Extremely Likely

I can clearly see how to apply this information in my everyday work.

☐ Strongly Disagree ☐ Disagree ☐ Neither Agree or Disagree ☐ Agree ☐ Strongly Agree

How confident do you feel applying what you learned to your job?

☐ Not Confident ☐ Somewhat Confident ☐ Moderately Confident ☐ Confident ☐ Very Confident

What could be improved to make this training even more impactful?

What stood out about this training for you?

How would you like this topic to be reinforced and sustained over time? Select all that apply

☐ Additional Trainings ☐ Exercises ☐ Peer Learning Groups ☐ Micro Learning

Other: _____

Additional feedback or suggestions:

Thank you for sharing your feedback! We value your input.