

**Trainer Feedback Form**

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

Training Title: \_\_\_\_\_

Dates of Training: \_\_\_\_\_

1. What made this training a success for you?

2. What aspects of this training challenged you?

3. What would you do different, if anything, next time?

4. What issues or questions, if any, surfaced during the training that RMC staff should be aware of?

5. Overall, how would you rate yourself as a trainer for this training?

Unsatisfactory	Poor	So-So	Good	Excellent
1	2	3	4	5

Comments?

6. Did RMC meet your expectations as you prepared for and conducted this training (*e.g., level of communication, quality of training materials, timeliness, etc.*)? If no, please explain.7. Other comments (*use back if needed*):*Thank you!*