



Professionalism Training Feedback

Name: _____

Date: _____

Name of Organization: _____

1. Was this training what you expected or meet your expectation? *(Mark multiple choice with an 'X')*

Yes ____ No ____ If yes, please explain why:

2. How satisfied were you with overall training?

Very Satisfied ____ Satisfied ____ Not satisfied ____ No opinion ____

3. Please rate your overall assessment of the training:

Excellent ____ Good ____ Fair ____ Poor ____ No Opinion ____

4. Which part of the training were you most impacted by?

Workplace Culture/Etiquette ____ Professionalism ____ Professional Administration ____

5. What was your greatest take-away from the training?

6. Would you like to take this training again in the future if offered? Yes ____ or No ____ If yes why?

7. Is there anything else you would have liked to train on and was not covered in this training that you would have liked? Yes ____ No ____ If yes please explain:

8. Would you recommend this training to others? Yes ____ No ____

THANK YOU FOR YOUR PARTICIPATION!