# [Name(s) of Training(s)]

[Date(s) of Training]

1. How would you rate the training you have participated in?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Poor | Adequate | Good | Very Good | Excellent |
|  |  |  |  |  |

1. What benefits did you receive from this training? How will this be useful to IOM, your mission, and your personal development?
2. What new ideas, skills or behaviours did you develop?
3. What are your Action Points for this training (e.g. how will you implement what you’ve learned)?
	1.
4. Would you recommend this training to other colleagues? Why or why not?
5. Please indicate how much you agree or disagree with the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The facilitator seemed:** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| Interesting/Engaging |  |  |  |  |  |
| Knowledgeable  |  |  |  |  |  |
| Well-Prepared |  |  |  |  |  |

1. Was there anything you would have liked to learn more about/add to the training?
2. Was there anything you didn’t think was relevant to your work that you would have liked to spend less time on?
3. What was the most useful thing you learned throughout the course of the training?
4. Please provide any other feedback you think may be relevant for the facilitator: