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Draft

Corporate University Attendance & Reaction Form

Session Title:

Participant: _____

PLEASE MAKE DARK MARKS * ERASE COMPLETELY TO CHANGE
(use blue or black ink or pencil)

Shade circles like this: ●
Not like this: ⊗ ∅

Course Code

Class ID

Unique Identifier

Completion Date ___/___/___

Employee Location #

Class Status

● **Finished**

Your feedback is important to us. Please check the response that best describes your reaction to each of the questions below.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1. Session content will help me be more successful on the job	1	2	3	4	5
2. Materials provided will serve as future resource	1	2	3	4	5
3. Adequate opportunity for involvement was provided.	1	2	3	4	5
4. Adequate practice was provided	1	2	3	4	5
5. Adequate feedback was provided.	1	2	3	4	5
6. The instructor(s) was knowledgeable	1	2	3	4	5
7. The instructor(s) was helpful and approachable.	1	2	3	4	5
8. I feel confident applying these skills back on the job	1	2	3	4	5

9. What will you will you do differently as a result of today's program?

10. Please note any obstacles you experienced during the program?

11. What suggestions do you have for improving this session?

12. Additional comments:

Reset