

DAILY TRAINING EVALUATION QUESTIONNAIRE

EVALUATION OF A DAY OF TRAINING BY THE PARTICIPANTS

MODULE: **Name of the trainer:**
Course dates: from..... **until**..... **Day N°**

What was your opinion of the day of training that you have just attended?

We would like to know your opinions, in order to improve the follow-up to the Module. It would be useful, if you could take a few minutes to complete this questionnaire.

Please answer the questions by placing an "X" in the appropriate box.

1. Overall evaluation of the day.

Excellent ☐ Very good ☐ Satisfactory ☐ Reasonable ☐ Poor ☐

2. Relevance of this training to your concerns and professional needs.

Excellent ☐ Very good ☐ Satisfactory ☐ Reasonable ☐ Poor ☐

3. Your opinion of the usefulness of the knowledge obtained.

Excellent ☐ Very good ☐ Satisfactory ☐ Reasonable ☐ Poor ☐

4. Your opinion of the training techniques and methods used.

Excellent ☐ Very good ☐ Satisfactory ☐ Reasonable ☐ Poor ☐

5. Quality of the materials that you were given.

Excellent ☐ Very good ☐ Satisfactory ☐ Reasonable ☐ Poor ☐

6. Which subjects (or topics) would you have liked to see developed more?

Definitions of Fraud and Irregularity ☐

Red flags ☐

Detection tools ☐

7. Please indicate the subject(s) or topic(s) that were the least interesting for you.

Definitions of Fraud and Irregularity ☐

Red flags ☐

Detection tools ☐

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(Continuation and final page)

8. Please say if you enjoyed or disliked any aspect of the Module or activity today.

What I liked: _____

What I disliked: _____

9. How could we improve this training course, in your opinion?

10. Please state your overall impression of the trainer.

Excellent ☐ Very good ☐ Satisfactory ☐ Reasonable ☐ Poor ☐

11. Other comments or suggestions concerning the day of training that you have just attended.

12. Participant's job or position:

Name of participant (optional) _____

Completed on the in(town/city)