# TRAINING PROJEKT Nr.

*We request you to remember all experiences you had concerning to the consulting services of the “Certified Business Trainer” named below. This Feedback Sheet is part of confirmation referring to qualification of this consultant.*

### **Trainer Data**

|  |  |
| --- | --- |
| name + title |  |
| company |  |
| street |  |
| ZIP + city |  |
| phone / fax |  |
| mobile |  |
| e-Mail |  |
| http:// |  |

## Customer Data

|  |  |
| --- | --- |
| name + title |  |
| position |  |
| company |  |
| street |  |
| ZIP + City |  |
| phone / fax |  |
| mobile |  |
| e-Mail |  |
| http:// |  |

\*\*\* In case of public trainings a list of participants has to be added. The group of participants is evaluated together like one customer system. Trainer evaluation is required for every participant seperately.

Training Project

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#  Public Training Number of participants

Short Description of participants (Target group): Department, Hierarchy, etc.

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# Goals oft the Training Project

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**The Training was given by …**

 trainer only

 trainer and co-trainer number of co-trainer   

 trainer and training-assistant number of assistants   

**Short Description of Training Project**

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## Duration of Training

## Date of Training

Which Methodes and Tools have been used?

 Individual exercises

 Small working groups

 Large working groups

 Keynote Speech

 Lecture

 Discussion

 Pin Board

 Overhead Slides (Projector)

 Video

 Flipchart/Board

 Others: ……………………………………

## Training Materials

 Booklet  before  during  after Training

 Handout (single sheets)  before  during  after Training

 personal notice  before  during  after Training

 Presentation copy  before  during  after Training

 Online tool  before  during  after Training

Comments by trainer

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| --- |
|  |

Comments by customer

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|  |

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# Signature Trainer Signature Customer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training Evaluation | | | | |
| *We request you to remember all experiences you had concerning to the consulting services of the “Certified Business Trainer” named below. This Feedback Sheet is part of confirmation referring to qualification of this consultant.* | | | | |
| Name of the trainer:  ……………………………………………………………………………………………………………  Client:  …………………………………………………………………….………..……………………………  Contact person of the purchaser:  ……………………….………….…………..………….................................................................... | | | | |
|  | | | | |
| **Main Criteria** | **ex-cellent** | **good** | **sub-optimal** | **bad** | |
| Have the targets of training been discussed agreed and realized? | 1 | 2 | 3 | 4 | |
| Have your requirements been fullfilled in a sufficient way? | 1 | 2 | 3 | 4 | |
| Did the trainer consider the actual level of knowledge of participants? | 1 | 2 | 3 | 4 | |
| The possibility for realizing with in your business practise is…? | 1 | 2 | 3 | 4 | |
| How you evaluate the trainers professional competence (the professional knowledge, skills, capabilities) | 1 | 2 | 3 | 4 | |
| ... Competency in methods (Design of training, pedagogical capabilities) | 1 | 2 | 3 | 4 | |
| … Social competence of trainer?  (communication to participants, social acceptance of trainer by participants) | 1 | 2 | 3 | 4 | |
| How do you evaluate the used training documents? | 1 | 2 | 3 | 4 | |
| Would you place an order to this trainer again in case of demand? | 1 | 2 | 3 | 4 | |

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Name in capitals Date, Signature

(respectively company stamp of customer)