

European
Commission

EVALUATION FORM for Trainers

RECIPIENT	Digital Training Services
IDENTIFICATION	
Title	
Date & Duration	
Trainer/Supplier	
PARTICIPANTS(Total.....Expected.....Unexpected) :actually
Group composition	
Pre-knowledge	
SESSION	
Objectives	
Flip-plan	
Technical issues	
Logistical issues	
TRAINERS OPINION / SUGGESTIONS FOR IMPROVEMENT	
INFRASTRUCTURE	
COMMENTS COURSE MANAGERS	