



EVALUATION

Dealership Name _____

Employee Name (REQUIRED) _____

Instructor _____

Date _____

1. How would you rate the content of this training?
 - a. Too In Depth
 - b. Just Right
 - c. Too Simple
2. How would you rate the overall quality of the instructor's presentation?
 - a. Excellent
 - b. Good
 - c. Poor
3. Was the length of training and time of day acceptable?
 - a. Yes
 - b. No (Why?) _____
4. What did you learn from this training? _____

5. Who is the designated person or office that you would file a claim? _____

6. How can the complaint form be submitted? _____

Signature _____