



Trainer Evaluation Form

Please complete this short evaluation after delivering the presentation provided by Manitoba Public Insurance. Your responses will assist us in enhancing our training programs. Responses will be kept confidential.

Trainer Information
Trainer Name:
Name of Organization:
Date of Presentation:
Number of workshop participants:

1. Have you delivered this presentation before? Yes No

2. Which training method(s) were used:

- Flash presentation (with voice narrative)
- Microsoft PowerPoint slide presentations (with slide notes)
- Lecture
- Group discussions

3. Are you planning on delivering the presentation again in your organization? Yes No

3b. Why or why not?

4. Did/are you displaying the program posters in your workplace? Yes No

5. The presentation was delivered:

- through a workplace health and wellness program
- at a staff meeting
- through an employee education program

