**APPENDIX 3 – LEARNER/EMPLOYEE TRAINING FEEDBACK FORM**

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| Name of Organization | Type of Document: Form Department: Laboratory | Date: Version: |
| Document Number: | Title: Learner/Employee Training Feedback | Authorized: |

**1.0 Training Module:** ABO group & Rh type testing **Training Date(s):** YYYY-MM-DD

# 2.0 Name of Trainee: Date:

**3.0 Name of Trainer(s):**

**4.0 Training Feedback**

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| --- |
| ***Please rate your training with a ‘√’ in the appropriate box. Extra feedback is most welcome.*** |
| **FEEDBACK CRITERIA** | **Poor Good Excellent** | **COMMENTS** |
| **1** | **2** | **3** | **4** | **5** |
| 1. I feel the session was relevant to my job |  |  |  |  |  |  |
| 2. My efforts to participate were encouraged |  |  |  |  |  |  |
| 3. I was made aware of the competency requirements |  |  |  |  |  |  |
| 4. Practice time was sufficient |  |  |  |  |  |  |
| 5. The session was well organized |  |  |  |  |  |  |
| 6. The material was clearly presented and demonstrated |  |  |  |  |  |  |
| 7. The competency assessment methods were impartial and reasonable |  |  |  |  |  |  |
| 8. The volume of material covered in the session was appropriate |  |  |  |  |  |  |
| 9. The models, scenarios or simulations enhanced learning |  |  |  |  |  |  |
| 10. The supporting materials (SOPs, demonstrations, videos, online learning, etc.) were effective |  |  |  |  |  |  |
| 11. I feel adequately prepared to perform the tasks contained in this training module |  |  |  |  |  |  |

**Additional Comments**

What did you like about your training?

What are your suggestions for improvement? Anything else you would like to add?

**Reviewer’s Comments and Conclusions**

# Reviewed by Date

Implementing an Evaluation Process for Your Transfusion CAP V.1| April 2021

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