



Trainers Ultimate Toolkit Practical Assessment

Trainer's Name: _____

Date of observation: _____

Please assess the trainer in each area:

Observation Area	😊	😐	😞	Feedback
Organisation + Preparation				
Branding Feels Professional				
Training Room Set Up				
Impressive Training Materials				
Appearance + Grooming				
Strong Opening				
Logistics + Setting The Scene				
Created A Strong WIIFM				
Established Training Objectives				
Mad Confident, Approachable Body Language				
Used Their Voice Well				
Good Energy Levels				
Included Interactions + Activities				
Asked, And Answered, Questions Well.				
Trained Each Area Clearly				
Made The Training Stick!				
Established A Fun, Enjoyable Environment				
Re-Addressed The Training Objectives At The End				
Concluded The Training Well				

Assessor's Name: _____ Assessor's Signature: _____

Any additional comments:
