

Training Evaluation

Name (optional): _____ Date: _____

1. What did you find to be *most* useful in this workshop?
2. What did you find to be *least* useful?
3. Was there anything you felt was missing from this session that you would have liked to learn more about?
4. In what other ways could we improve this session?

5. Please rate the following:

	Poor		Average		Excellent
Effectiveness of trainer	1	2	3	4	5
Training room	1	2	3	4	5
Training content	1	2	3	4	5
Training activities	1	2	3	4	5
Training materials	1	2	3	4	5
Overall rating	1	2	3	4	5

6. List other topics or concerns you would like to have addressed in future training sessions.
7. Other comments: