

# Training Evaluation

<b>City/County:</b> _____		
<b>Instructor:</b> _____	<b>Date:</b> _____	
<b>Title:</b> _____	<b>Time Started:</b> _____	<b>Time Ended:</b> _____

<b>Agency Name:</b> _____ <b>Position Held:</b> _____ <b>Facility/Agency Type:</b> _____
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<b>Circle the number that best corresponds with your agreement to the following statements</b>					
The instructor was knowledgeable about the subject.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The instructor encouraged participants to ask questions and share their knowledge.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The instructor presented the program in an interesting/professional manner.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The handouts, videos, and visual aids were useful and informative.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I plan to use what I learned in this session.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The room and layout used for the session met my needs.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My overall impression of the session was positive.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Please list two things you will do differently in your daily work with children, families, and adults as a result of what you learned in this session.

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Please share your ideas on how the session could be improved.

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Were the date, location and the time of the training convenient for you? If not, please explain.

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What other topics would you like to see covered in future sessions?

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