

# Training Evaluation

**Title of Training:** \_\_\_\_\_  
**Presenter(s):** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Time:** \_\_\_\_\_  
**Agency/Location:** \_\_\_\_\_



<i>Please rate (circle) the following:</i>	<b>1 Poor</b>	<b>2 Fair</b>	<b>3 Good</b>	<b>4 Very Good</b>	<b>5 Excellent</b>
1. Clarity of Information Presented	1	2	3	4	5
2. Usefulness of Information Presented	1	2	3	4	5
3. Usefulness of Handouts	1	2	3	4	5
4. Location of Training	1	2	3	4	5
5. Length of Training	1	2	3	4	5
6. Quality of Presenter	1	2	3	4	5
7. Overall Training	1	2	3	4	5

Strengths of this training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weaknesses of this training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please take a moment to reflect, and write down how you might apply what you learned today in your work:

\_\_\_\_\_

\_\_\_\_\_

What other training topics would you like to see offered in the future?

\_\_\_\_\_

\_\_\_\_\_

Please list any additional comments for the Training Program evaluators.

\_\_\_\_\_

\_\_\_\_\_