

- LIVE
- VIDEOCONFERENCE
- ONLINE

- VIDEOTAPE
- DVD

TRAINING EVALUATION

Date: _____ Course Name: _____

Please complete this form at the end of workshop and return it to the Instructor.

1. Overall, how would you assess this training session?

- Excellent
 Good
 Fair
 Poor

2. Give us your opinion regarding each of the categories show below:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
a. Program Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Quality of Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Written Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Effectiveness of Technology (Where Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please suggest changes that would make the training session more effective.

4. What part of today's training session was most helpful to you?

5. Any additional comments:
