



Training Session Evaluation

What's your reaction to this presentation? We'd like to know. Your thoughts will help us provide the best possible sessions in the future. So, please take a moment to complete this form.

Name: (optional): Date:

Session Instructor: **Session Title:**

Your overall evaluation of the session:

- | | | | | | |
|----------------------------|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Session Content: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Session Presentation: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Objectives clearly stated: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Organized lesson plan: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Your overall evaluation of the trainer:

- | | | | | | |
|---|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Knowledge of subject: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Preparation: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Responses to questions: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Encouraged participation: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| References to additional info. sources: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

What was the most valuable aspect of the session?

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What was the least valuable aspect of the session?

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What are the two things you learned that will make you more effective?

1.....

2.....

How would you rate the facilities? Excellent Very Good Good Fair Poor

Comments:.....

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Other sessions/improvements you would like to see

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