

IV-E Training Evaluation Summary

Class Name: _____

Class Instructor(s): _____

Class Date: _____

Agency/Program Name: _____

Agency/Program Location: _____

Number of Participants: _____

County: Alameda

Provider: _____

Number of Evaluations _____

Overall Class Average _____

Evaluations are scored on a 1-5 scale: 1=Poor, 2=Fair, 3=Good, 4=Very Good, 5=Excellent

Evaluation Questions	Clarity of information presented	Usefulness of information presented	Usefulness of handouts	Location of training	Length of training	Quality of presenter	Overall training
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Participant # <i>(Do not use names)</i>							
1							
2							
3							
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22							
23							
24							
25							
26							

If the participant does not answer the questions, leave the cell blank. **Do not use "0"**.

Total number of evaluations turned in

Total of this column, divided by the number of evaluations

Total of this column, divided by the number of evaluations

Total of this column, divided by the number of evaluations

Total of this column, divided by the number of evaluations

Total of this column, divided by the number of evaluations

Total of this column, divided by the number of evaluations

Total of this column, divided by the number of evaluations

Total number of Evals							
Question Averages	#	#	#	#	#	#	#

Pertinent Comments

Strengths:

Weaknesses:

Suggested Training Topics:
