
Training Evaluation

Title of Training: _____
Presenter(s): _____
Date: _____
Time: _____
Agency/Location: _____

<i>Please rate (circle) the following:</i>	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
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 TraininQ	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.

