
Training Sign-in Sheet

Title of Training: _____

Presenter(s): _____

Date: _____

Time: _____

Agency/Location: _____

Instructor's Signature:

| | First Name and Last Name <i>(Please print clearly)</i> | Signature | Name of Department or Agency |
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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 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.

