

Title of Training:						
Presenter(s):						
Date:						
Time:						
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 Seneca Training Program evaluators.							
Please drop this survey in the "Training Evaluations" box as you exit. Thank you!							
<i>Optional:</i>							
Name:				Title:			