

**TRAINING EVALUATION**

TRAINER \_\_\_\_\_ DATE \_\_\_\_\_

TOPIC \_\_\_\_\_

1. Please circle the number that most clearly shows your perceptions of this training.

- |              |           |             |
|--------------|-----------|-------------|
| Insufficient | 1 2 3 4 5 | sufficient  |
| Irrelevant   | 1 2 3 4 5 | relevant    |
| Ineffective  | 1 2 3 4 5 | effective   |
| Disruptive   | 1 2 3 4 5 | supportive  |
| Repetitious  | 1 2 3 4 5 | challenging |
| Fragmented   | 1 2 3 4 5 | integrated  |

2. What was the most positive feature of this training?

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3. Please list any areas where it did not meet your expectations.

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4. Please list any areas of interest for consideration at a follow-up workshop.

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5. Circle the word which represents how you felt after this training?

- GREAT    GOOD    Okay    So-So    Asleep

6. To help us know who attended, please check one of the following:

- Staff person    Member of a community group  
Parent    Interested citizen