



Trainer Feedback

Event ID: _____ Subevent ID: _____ Trainer: _____

Location: _____

Please complete immediately following the training (before reviewing evaluations and before debriefing if co-training). If additional space for comments is needed, attach additional sheets. Reference the item number prior to the comments related to the item. Return this completed form along with other training documents to the designated support staff.

Program: Academy (IV-E) MSATN MSSS MSPI
Type: NSTFSW Supervisor PA
Pride
Continuing Education Title _____ CV? Yes No

Module/Session No: 1 2 3 4 5 6 7 8 9 NA Date(s) of Training: _____

- 1. Your Training role: Trainer (Solo) [] Lead Trainer [] Co-Trainer [] Other: _____
2. Did you function in a training role each day of this training? []Yes []No If yes, go to #4.
3. If no to #2 above, which day(s) were you in the training role? []1 []2 []3
4. Were there any significant deviations from the established training hours?
[]Yes []No If yes, give details:
5. Were there any major additions to, or deletions from the established training outline/curriculum?
[]Yes []No
If yes, attach the details and rationale for changes or additions.
If new material was developed, please attach copies.
6. Were there any significant incidents which promoted or inhibited the achievement of training objectives or quality of this training experience?
[]Yes []No
If yes, provide attachments that give: a) details, b) action taken, and c) any follow-up needed and by whom and when? Attach any related documents, e.g., individual conference sheet.
7. Note any unique characteristics or behaviors of the training group.
8. Rate the services provided by the support staff. []Poor []Fair []Satisfactory []Good []Excellent []NA
9. Rate the facilities and equipment. []Poor []Fair []Satisfactory []Good []Excellent []NA
10. How do you think the participants will rate this training? []Poor []Fair []Satisfactory []Good []Excellent []NA
11. Rate your effectiveness as a trainer during this training. []Poor []Fair []Satisfactory []Good []Excellent []NA
12. Comments related to the ratings in 8 – 11 and any other remarks you would like to make.

Trainer Signature: _____ Date: _____ *For NST, Complete the Next Page

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New Staff Training for FSW Dates: _____ Trainer Completing Form: _____

Module No: 1 2 3 4 5 6 7 8

On-the-Job Training (OJT):

13. The group rated the overall OJT experience of the previous week as:

Poor Fair Satisfactory Good Excellent

14. Overall, what seemed to promote learning and positive experiences in the OJT process?

15. Overall, what seemed to inhibit learning or to be negative experiences in the OJT process?

16. Observations regarding the field instructors' activities during the previous week of OJT.

17. Specific follow-up required related to OJT and individual trainees – e.g., contact with field instructor, supervisors, university partnership, etc.

18. Comments and other observations regarding OJT process.