Training Session Name:

Date:

On a scale of 1 (Poor) to 5 (Excellent), please rate the following aspects of this session. You may ignore items that are not pertinent to this particular session.

SESSION ASPECTS	RATING					
	Poor			Excellent		
Program	1.	2.	3.	4.	5.	
1. Trainers Presentation	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
2. Trainers knowledge of material	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
3. Presentation meets goals of advertisement	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
4. Overall quality of program	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Logistics						
1. Quality of log in instructions	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
2. Conference call facilities	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
3. Ease of network site	\circ	\bigcirc	\bigcirc	\bigcirc	0	

General Comments & Suggestions

Did the program meet your expectations?

What can be to increase the session's value to you?

What other programs/presentations would be of interest for future sessions/courses?

Other comments or suggestions you may have?