



HQRIO Integration Cell Feedback Form



Date: _____ Type of Training:	Training Topic:
Initial URC Training	Readiness/Participation Medical/LOD
IR Refresher Training	Assignments UTAPS
Recurring URC Training	AT Training Evaluations
	Retirements Deployments/Mobilizations
	Reenlistments Enlisted Promotions

	Question	“X” appropriate box
1	Training Organized & Well Executed	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Decent <input type="checkbox"/> Poor
2	Training Valuable	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Decent <input type="checkbox"/> Poor
3	Feedback to Questions Provided	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Decent <input type="checkbox"/> Poor
4	Quality of Training/Training Slides	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Decent <input type="checkbox"/> Poor

Recommend this training to others? Concur Non-Concur Concur w/comment Non-Concur w/comment

How can we improve this training?

(The feedback gathered allows the IC to improve training. The IC gathers your recommendations for evaluation and/or inclusion on the RIO Website/Training.)

Comments:

RIO/IC Staff Action taken:

IC Superintendent/Operations Manager Action

Concur Non-Concur Concur w/comment Non-Concur w/comment

Comments: