

General Information

Name (optional)	Today's Date
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Training-specific questions

1. Questions 1 a. Option 1 b. Option 2 c. Option 3 d. Option 4
2. Question 2 a. Option 1 b. Option 2 c. Option 3 d. Option 4
3. Question 3 a. Option 1 b. Option 2 c. Option 3 d. Option 4
4. Question 4 a. Option 1 b. Option 2 c. Option 3 d. Option 4
5. Question 5 a. Option 1 b. Option 2 c. Option 3 d. Option 4
6. Question 6 a. Option 1 b. Option 2 c. Option 3 d. Option 4
7. Question 7 a. Option 1 b. Option 2 c. Option 3 d. Option 4
8. Question 8 a. Option 1 b. Option 2 c. Option 3 d. Option 4
9. Question 9 a. Option 1 b. Option 2 c. Option 3 d. Option 4
10. Question 10 a. Option 1 b. Option 2 c. Option 3 d. Option 4

General Evaluation

11. What was most useful in this training session?
12. What was least useful?

13. In what ways could be improve this session? (Include items you felt were missing that you would like to learn about.)

14. Please rate the following:

	Poor	Average	Excellent		
a. Effectiveness of trainer	1	2	3	4	5
b. Training room	1	2	3	4	5
c. Training content	1	2	3	4	5
d. Training handouts	1	2	3	4	5
e. Overall rating	1	2	3	4	5

15. What topics would you like to see addressed in future sessions?

16. Any other comments?