

**CHRISTIAN CHILDREN'S HOME OF OHIO**  
**Training Evaluation Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Location: \_\_\_\_\_

Trainer: \_\_\_\_\_ Time: \_\_\_\_\_ Hours: \_\_\_\_\_

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree or Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The material presented was informative					
Trainer had knowledge about the training topic					
The trainer used examples to help the group apply the information					
The trainer gave opportunity for caregivers to share their knowledge and experiences and ask questions					
The facility used for the training was clean, comfortable and an overall pleasant environment					

List **four (4)** main points that you have learned from this training:

- 1.
- 2.
- 3.
- 4.

**Suggestions or Comments:**

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\_\_\_\_\_  
**Signature**

**REMINDER: You must complete the entire form and turn it in to CCHO to get credit and payment.**