

# STARS Training Evaluation Form

**Directions:** This evaluation form is for training. This form is not for conferences. In order to receive training hours through Wyoming STARS, return form to STARS within thirty (30) days of the training, or training hours **will not be** awarded. In order to get credit fill out your personal information including your STARS ID number.

**Training Reference Number:** \_\_\_\_\_ **Training Event ID:** \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_ **STARS ID#:** \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

## TRAINING INFORMATION

Title of training: \_\_\_\_\_ Date of training: \_\_\_\_\_

Name of trainer: \_\_\_\_\_ Length of training: \_\_\_\_\_

How would you rate	poor				excellent
1. The content of the training	1	2	3	4	5
2. The format of the training	1	2	3	4	5
3. Instructor's knowledge of this topic	1	2	3	4	5
4. The usefulness of the training	1	2	3	4	5

**REQUIRED** -- Write at least one sentence describing the content that is relevant to your program.

---

---

---

---

---

---

---

---

Additional Comments: \_\_\_\_\_

---

---

If you have questions, call 1.800.400.3999 or 1.307.772.9099

Email: [info@wyostars.org](mailto:info@wyostars.org) Website: [www.wyostars.org](http://www.wyostars.org) Fax: 307-463-9959

STARS 1401 Airport Parkway Ste 300, Cheyenne, WY 82001

Please keep a copy for your records

Updated 2/10/14