

## WV STARS Registered Training Evaluation

Please complete and return to presenter.

Title of Training:	
Presenter(s) Name:	
Sponsoring Trainer (if applicable):	
Training Registration #:	Trainer's Registry ID #:
Training Date:	County:

Training Content	Strongly Agree	Agree	Disagree	Strongly Disagree
I gained knowledge and/or skills.	4	3	2	1
The training met my expectations.	4	3	2	1
The materials distributed were useful.	4	3	2	1
I plan to change or enhance my work style/program in response to this training.	4	3	2	1
Trainer	Strongly Agree	Agree	Disagree	Strongly Disagree
Trainer was engaging and friendly.	4	3	2	1
Trainer was professional.	4	3	2	1
Participation and interaction were encouraged.	4	3	2	1
Overall rating of trainer.	4	3	2	1
<b>Overall, I was satisfied with the training.</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

<p><b>What part of the training was most useful?</b></p>
<p><b>How could the training be improved?</b></p>
<p><b>Additional comments:</b></p>

Presenter/Sponsoring Trainer must retain evaluations or evaluation summary for three years.