

**ASFPM Training Evaluation Form**  
**CFM® Refresher Course (CRC)**

**Please help us to improve our training delivery and content. Please submit your completed forms to your Instructor or to: Kait Laufenberg, Training Coordinator, Fax: 608-274-0696, [Kait@floods.org](mailto:Kait@floods.org)**

Attendee's Name/Agency ( <i>Optional</i> ):	
Email Address ( <i>Optional</i> ):	
Location of Workshop: (City, State)	Date of Workshop: Start Time: _____ to End Time: _____
How did you hear about this workshop? <input type="checkbox"/> From ASFPM <input type="checkbox"/> From State Chapter : _____ <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other: _____	Please select all that apply: <input type="checkbox"/> ASFPM Member <input type="checkbox"/> Member of State Chapter : _____ <input type="checkbox"/> CFM® Certified <input type="checkbox"/> Other: _____
Have we increased your professional base knowledge?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you feel you can apply this information to your job?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have we given you the tools to implement this information in your job?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have we given you information that is useful?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What else do you think we should know or would you like to share with us about this training?	
What have you NOT learned that you expected to learn in this workshop?	
Suggestions / Comments for future workshops, other topics you would like to see in training courses:	

**Please Evaluate the Workshop:**

Content & Delivery	Excellent	Good	Fair	Poor	N/A
Objectives Clearly Presented					
The Content was Relevant					
Format of Workshop assisted with the Learning					
Level of Information					
Classroom Facilities					
Class Size and Representation of Disciplines					
Overall Rating					

Materials & Information	On Target	Too Much	Needs Other	Too Few	Not on Target	N/A
Handout Materials						
Visual Aids						
Amount of Information						

**Please Evaluate Your Instructors:**

<b>INSTRUCTOR (name):</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
Knowledge of Material					
Ability to Present Material					
Gave Good, Clear Examples					
Responded to Questions, Requests for Help					
Presentation was Clear, Organized, and Interesting					

<b>INSTRUCTOR (name):</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
Knowledge of Material					
Ability to Present Material					
Gave Good, Clear Examples					
Responded to Questions, Requests for Help					
Presentation was Clear, Organized, and Interesting					

<b>INSTRUCTOR (name):</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
Knowledge of Material					
Ability to Present Material					
Gave Good, Clear Examples					
Responded to Questions, Requests for Help					
Presentation was Clear, Organized, and Interesting					

<b>INSTRUCTOR (name):</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
Knowledge of Material					
Ability to Present Material					
Gave Good, Clear Examples					
Responded to Questions, Requests for Help					
Presentation was Clear, Organized, and Interesting					