

Training Evaluation Form



Presenter's Name:	Training Title:
Date:	Your Job Position:

Please mark only one rating response per line		Disagree	Agree	Strongly agree
Content provided matched the training description and goals.		2	3	4
Examples and illustrations used in the training were relevant to practice.		2	3	4
Handouts were useful.		2	3	4
Presenter was knowledgeable about the topic.		2	3	4
Presenter was well prepared.	1	2	3	4
Content and methods of instruction honored my learning style and culture.	1	2	3	4
Presenter was able to present the material using alternative methods when needed.		2	3	4
Presenter clearly and completely addressed questions.	1	2	3	4
Training facilities were conducive to learning.	1	2	3	4
As a result of training, my knowledge about the topic is enhanced.	1	2	3	4
As a result of training, I can think of way/s to enhance my work with children and/or families.	1	2	3	4
I can apply this information to the diversity of families I serve.		2	3	4
I would certainly recommend this training to my colleagues.		2	3	4

Comments

- 1. What parts of the training worked best for you?
- 2. What idea or concept will you begin to use in your work?
- 3. What changes would you suggest to the presenter?

4. What areas are you interested in for future trainings? (Select your top three choices.)			
Child Growth, Development & Learning	Health, Safety, and Nutrition		
Curriculum and Learning Environment	Interactions – children and/or adults		
Ongoing Measurement of Child Progress	Program Planning and Development		
Families and Community Partnerships	Professional Development and Leadership		

Specific topics and/or presenters: