

 **TRAINER FEEDBACK FORM** 

Workshop Title: \_\_\_\_\_

Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

---

---

1. To what extent were workshop objectives met?

\_\_\_Not Met    \_\_\_Partially Met    \_\_\_Adequately Met    \_\_\_Mostly M    \_\_\_Fully Met

2. Please describe any barriers to accomplishment of workshop objectives.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe any difficulties with equipment (computer, LCD projector, overhead projector, CPS system) , room arrangement, physical facility, handouts, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe possible changes that could improve the workshop including any feedback for the RTC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How did you utilize the Idea Catcher during this training?

---

---

---

---

6. What additional interventions could promote application of learning on the job?

---

---

---

---

7. Please describe any significant incident(s) including inability to use equipment, location of the workshop which promoted or interfered with accomplishment of workshop objectives.

---

---

---

---

Description of incident:

---

---

---

---

---

---

---

---

Trainer action taken:

---

---

---

---

---

---

---

---