

Training Evaluation Form

For Classroom/Face-to-Face Training



Thank you for volunteering to complete a training evaluation. Your feedback will help improve the quality of training offered to early care and education professionals across Georgia. If you would like to speak in more detail about a training, please contact Georgia Training Approval at 1-866-425-0220.

Title of Training: _____ Training Code: _____

Name of Trainer: _____ Trainer Code: _____

Date of Training: _____ Time: _____ Location: _____

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
1. The training began as scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The training ended as scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The trainer was organized and prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The trainer listened to and responded effectively to participant comments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The trainer was knowledgeable of the training topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The trainer was professional throughout the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The trainer used illustrative examples to support the training content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The quality of the training met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The training was sensitive to the needs of participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The training kept me engaged and interested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The information was applicable to family day care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The information was applicable to group day care homes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The information was applicable to child care centers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The handouts, materials, and activities were helpful in the learning process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The activities covered will be useful in my daily work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The content covered will be useful in my daily work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The training contributes to my educational, professional, and/or personal development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Please explain any "Strongly Disagree" or "Disagree" responses. ➤					
19. What will you do differently in your classroom/program as a result of this training? ➤					
20. If you could make one change to improve this training, what would it be? ➤					
21. Is there anything else you would like to tell us about this training? ➤					
22. OVERALL, how would you rate this training? <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor					

E-mail this form to TrainingApproval@georgiacenter.uga.edu, fax to 1-866-960-0041, or mail to:
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