

**South Carolina Department of Transportation (SCDOT)
Division of Intermodal & Freight Programs
Office of Public Transit (OPT)
Rural Transit Assistance Program (RTAP)**

Training Evaluation Form

NAME OF TRAINING _____ DATE _____

SPONSOR _____ LOCATION _____
(Name of Business or Organization) (City and State)

Please complete this form in order to provide information which will allow SCDOT to continue offering training opportunities/programs which are relevant to you and your agency/organization. Each section is to be completed. Return this form along with the P-22AA within one week following your attendance at the workshop/seminar, etc. The form must be completed and submitted in order to receive reimbursement for attendance.

Section I (Instructor) (Circle Your Answers)

1. Did the instructor have command of the subject matter to be covered? YES NO
2. Did the instructor show evidence of careful preparation for the workshop/seminar? YES NO
3. Did the instructor encourage your participation? YES NO
4. Were you satisfied with the overall presentation? YES NO
5. Did the instructor(s) put too much time/emphasis on selling his/her company's products? YES NO
6. Would you, knowingly, attend another workshop/seminar taught by this instructor? YES NO

Section II (Content) (Circle Your Answers)

1. Were you aware of the objectives of the workshop/seminar? YES NO
2. Did the workshop/seminar meet these objectives? YES NO
3. Did you find the contents to be too advanced? YES NO
4. Did you find the contents to be too elementary? YES NO
5. Were lectures informative and relevant to the topic? YES NO
6. If used, were audio-visuals applicable/effective? YES NO
7. If a technology course, was it hands-on as well as lecture? YES NO

Section III (General)

1. Do you regularly attend training workshops in your general area of responsibility? YES NO
2. Are these workshops generally useful? YES NO In what way(s)? Please give a brief answer.
3. Would you be interested in participating in a curriculum-type, certificate-based program in your area of responsibility? YES NO If yes, please list the course/area in which you would like to be certified.

Section IV (Workshop/Seminar Participation)

Please rate the training course you attended, on a scale of 1 – 5, with 1 being the worst situation and 5 being the best ever attended. Circle the number of your response.

Training course had great coverage of timely topics

1 2 3 4 5

Course modules were very informative

1 2 3 4 5

Topics pertinent to my job were plentiful

1 2 3 4 5

Exhibits were helpful to my job/area of expertise

1 2 3 4 5

Training offered ample time for networking

1 2 3 4 5

Training agenda wasted too much time; Agenda could have been condensed to less time

1 2 3 4 5

Training seminar was well-organized

1 2 3 4 5

Training presenters had high level of expertise

1 2 3 4 5

RTAP Training Evaluation Form

Rate your overall satisfaction with the format of the meeting

1 2 3 4 5

I received information that will help with my job

1 2 3 4 5

I would recommend others in SC attend this training in the future

1 2 3 4 5

The training was worth my time & RTAP money

1 2 3 4 5

