



OSY Training and Technical Assistance Evaluation Form

Date(s) _____ Location _____ Facilitator(s) _____

Title of Training _____

Directions: Please use this form to evaluate all OSY-related training provided to MEP staff in your State.

	Developing (1 point)	Good (2 points)	Exemplary (3 points)
Training/TA	<input type="checkbox"/> Uninteresting and irrelevant	<input type="checkbox"/> Somewhat relevant and informative	<input type="checkbox"/> Highly relevant and informative
Applicability	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Somewhat applicable	<input type="checkbox"/> Very applicable
Involvement	<input type="checkbox"/> All lecture with no chance for involvement	<input type="checkbox"/> Some interactive activities and chances for involvement	<input type="checkbox"/> Numerous interactive activities and chances for involvement
Materials	<input type="checkbox"/> Not useful	<input type="checkbox"/> Somewhat useful	<input type="checkbox"/> Very useful
Facilitator(s)	<input type="checkbox"/> Lacked skills to facilitate learning	<input type="checkbox"/> Used some techniques to facilitate learning	<input type="checkbox"/> Skilled at using various techniques to facilitate learning

Instructional Staff ONLY: On the **left** of the chart below, rate your knowledge/skills **BEFORE** participating in the training/technical assistance; on the **right**, rate your knowledge and skills **AFTER**.

Pre: Capacity BEFORE					(Performance Measure 1.1) My capacity to deliver SOSOSY instruction	Post: Capacity AFTER					Does not Apply
Very Low	Low	Med-ium	High	Very High		Very Low	Low	Med-ium	High	Very High	

How will you use this training/technical assistance to improve services for out-of-school youth (OSY)?

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Check the item that corresponds to your rating of the level that the training/technical assistance was practical and useful...					
	Poor (1 point)	Fair (2 points)	Good (3 points)	Very Good (4 points)	Excellent (5 points)
...for delivering services to OSY (Performance Measure 2.3)	<input type="checkbox"/> Not practical or useful <i>at all</i>	<input type="checkbox"/> Not <i>too</i> practical or useful	<input type="checkbox"/> <i>Somewhat</i> practical and useful	<input type="checkbox"/> <i>Very</i> practical and useful	<input type="checkbox"/> <i>Exceptionally</i> practical and useful
...for assisting OSY to identify education and/or career goals (Performance Measure 1.3)	<input type="checkbox"/> Not practical or useful <i>at all</i>	<input type="checkbox"/> Not <i>too</i> practical or useful	<input type="checkbox"/> <i>Somewhat</i> practical and useful	<input type="checkbox"/> <i>Very</i> practical and useful	<input type="checkbox"/> <i>Exceptionally</i> practical and useful

What recommendations do you have for future training/technical assistance?

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**Please submit these forms upon completion of each OSY-related training in your State to:
META Associates, 518 Old Santa Fe Trail, Suite 1-208, Santa Fe, NM 87505**