

Training Evaluation Form

For 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 (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 the 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 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"/>
12. 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"/>
13. 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"/>
14. 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"/>
15. This training was applicable to (<i>check all that apply</i>): <input type="checkbox"/> Family Day Care <input type="checkbox"/> Group Day Care Homes <input type="checkbox"/> Child Care Centers					
16. Please explain any "Strongly Disagree" or "Disagree" responses.					
17. What will you do differently as a result of this training?					
18. If you could make one change to improve this training, what would it be?					
19. Is there anything else you would like to tell us about the training?					
20. OVERALL, how would you rate this training? <input type="checkbox"/> Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good					

Email this form to TrainingApproval@georgiacenter.uga.edu, fax to (706) 583-0788, or mail to:
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