



NC Department of Juvenile Justice and Delinquency Prevention In-Service Training Evaluation Form

Your assistance in completing this evaluation will provide information for future training programs, enabling us to provide high quality, productive in-service training.

Title of Training Event: _____

Date: _____ 

Please rate the following using a **5-point scale** where 5 = very much and 1 = very little

The organization of the training was effective	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The information presented was useful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The length of training was appropriate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The methods used to deliver the training were effective	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I gained skills I can use immediately in the workplace	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The trainer encouraged participation and questions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The trainer was knowledgeable regarding course content	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Other comments about the training:

What did you like best about the training?

What changes would you suggest?

What topics/issues would you like to see addressed in future training offerings?

My title is: _____ (teacher, court counselor, etc.)