

**Elizabeth City State University**  
**Title III/SAFRA**  
**Training Evaluation Form**

Thank you for attending our Title III/SAFRA Project Staff Meeting. We trust that this session provided effective strategies to assist you in the management of your Title III/SAFRA activities. Please complete this evaluation form to assist us in planning future training sessions.

Date of Training Session- \_\_\_\_\_  
Topic of Training Session- \_\_\_\_\_  
Presenter(s)- \_\_\_\_\_

1. The training session provided detailed information that is useful.  
Strongly Agree     Agree            Neutral            Disagree    | Strongly Disagree
2. The training session was well organized and met my expectations.  
Strongly Agree     Agree            Neutral             Disagree       Strongly Disagree
3. The presenters were knowledgeable about the training topic and provided helpful interaction with the audience.  
 Strongly Agree        Agree             Neutral            Disagree       Strongly Disagree
4. The Title III/SAFRA staff was/is responsive to my needs.  
Strongly Agree     Agree            Neutral            Disagree       Strongly Disagree
5. The duration of this training session was about right.  
 Strongly Agree        Agree             Neutral             Disagree        Strongly Disagree
6. I know where to go to obtain additional information about this training subject.  
 Strongly Agree        Agree             Neutral             Disagree        Strongly Disagree
7. Additional comments (please include any training topics you would like to see covered in the future):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_