CENTER FOR HEALTH & LEARNING
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TRAINING EVALUATION FORM

Date: **Location:** **Trainer:**

Instructions: Please respond to today's training by circling the number that best corresponds to your feelings. Thank you.

Name (optional):_____ Position: (optional) _____

1.	Useful	5	4	3	2	1	Not Useful
2.	High Group Interaction	5	4	3	2	1	Low Group Interaction
3.	Organized	5	4	3	2	1	Disorganized
4.	Informative	5	4	3	2	1	Uninformative
5.	Clearly Presented	5	4	3	2	1	Confusing
6.	Expectations Were Met	5	4	3	2	1	Expectations Were Not Met

7. What did you like most about the training today? _____

_____

_____

8. What do you still need regarding this topic?_____

_____

_____

9. How did you hear about this training?_____

10. Please circle your **overall** rating of the training today:

5 4 3 2 1
Outstanding Poor

11. Would you recommend this training to others?

____Yes ____No ____Yes, if … (describe conditions) _____

We welcome further comments. Please include them on the other side of this page. Your participation in, and evaluation of, this training is greatly appreciated.