

Alcohol, Tobacco and Other Drugs Education

(Fulfills ACT 51 Requirements)

Evaluation Form

Please circle the number that best corresponds to your feelings and fill in the blanks. Thank you.

LOCATION: _____ DATE: _____ TRAINER: _____

Your Name (optional): _____ Job Title (optional): _____

School/Agency: _____

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

What did you like most about the training? _____

What ideas and plans do you have to bring back to your organization as a result of this training?

What are your needs around this topic/curriculum? _____

What would you change about the overall training model or content? _____

Other comments? (You may also write on the back of this form.) _____

Your **overall** rating of this training:

5
4
3
2
1
 Outstanding Poor

Would you recommend this training to others? _____ Yes _____ No

Your participation in-- and evaluation of-- this training is greatly appreciated.