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**Training and Presenter Evaluation**

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| --- | --- | --- |
| Training Session Title: | Presenters: | |
| Location: |  | Date/Time: |

Please place an [ X ] in the appropriate box for your answer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| **Training overall:** |  |  |  |  |
| The training course was easy to understand. |  |  |  |  |
| The topics were covered in sufficient detail. |  |  |  |  |
| I would recommend this training course to others. |  |  |  |  |
| The information was presented in a way that honored my learning style and culture. |  |  |  |  |
| I was able to follow the course materials. |  |  |  |  |
| I can apply this information to the diversity of the families and communities I serve. |  |  |  |  |
| Overall this was a successful training course. |  |  |  |  |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| **Presenters:** |  |  |  |  |
| The presenters provided me with relevant information. |  |  |  |  |
| The presenters responded appropriately to questions. |  |  |  |  |
| The presenters were prepared. |  |  |  |  |
| The presenters were knowledgeable of the subject matter. |  |  |  |  |
| The presenters were effective in conveying the training objectives. |  |  |  |  |

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Page

1

**Summary Comments:**

What new information did you learn from this presentation?

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What are the next steps you plan to take to incorporate this at your agency?

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What would you like more information on?

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Please provide presenters with suggestions to improve future presentations.

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Page

2