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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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**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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