
Date:__________________

1. Overall, how would you rate this training session? ___Excellent ___Good ___Adequate (O.K.) ___Fair ___Poor

2. Were the teaching methods (activities, exercise) effective?
   ___Yes ___No ___Not sure
   Comments: ________________________________________________________________
   _________________________________________________________________

3. Were the hand-outs and materials useful?
   ___Yes ___No ___Not sure
   Comments: ________________________________________________________________

4. Will the information you received in the training program be useful on your job?
   ___Yes ___No ___Not sure
   Comments: ________________________________________________________________

5. How could this training program be improved?
   ________________________________________________________________
   ________________________________________________________________

6. What subjects/topics should be added to (or taken away from) this training program to make it more useful?

7. Additional comments: _______________________________________________________
   ________________________________________________________________
   ________________________________________________________________