

# Training Evaluation Sheet

Session Name \_\_\_\_\_ Facilitator Name \_\_\_\_\_

Participant's Name (optional) \_\_\_\_\_ Date \_\_\_\_\_

---

We appreciate your participation in this brief survey. Your responses will help us in our continuing effort to provide timely, useful, and relevant professional development.

**Instructions:** *Please complete the following session evaluation and return it to the facilitator.*

1. What key lessons did you learn from the session that you be able to immediately apply to your job?

---

2. Which part of the session was most significant to you? Why?

---

3. Which part of the session will you not be able to immediately apply to your job? Why?

---

4. Please list anything that could have been done differently to make the program more worthwhile.

---

Please rate the following (**1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent**):

ITEM / Rating	1	2	3	4	5
5. How would you rate your knowledge/skill/abilities in the topic (in general) <b>BEFORE</b> taking this course?					
6. How would you rate your confidence to apply the knowledge/skill/abilities you learned <b>AFTER</b> taking this course?					
7. How would you rate the instructor's presentation (clear, well organized, etc.)?					
8. How would you rate the course materials (appropriate; easy to understand; etc.)?					
9. How well did this course meet your needs?					
10. I would recommend this course to others (please circle choice):	Yes	No	Not Sure		

11. What additional help will you need to successfully apply what you learned?:

---

12. What kind of impact do you think you will see by applying what you learned?:

---