

TRAINING EVALUATION/REACTION

Session Title _____ Date _____

Your Position _____

Based on your own judgment, how would you describe the following aspects of this training session?

	Very <u>Good</u>	Good	Fair	Poor
1. Content of the session	_____	_____	_____	_____
2. Relevance of materials to your needs	_____	_____	_____	_____
3. Clarity of presentation	_____	_____	_____	_____
4. Effectiveness of method(s) used to present the topic	_____	_____	_____	_____
5. Responsiveness of trainer(s) to group questions	_____	_____	_____	_____
6. Which part of the presentation was most helpful?				

7. How could today's session be improved?

1.

2.

8. How would you evaluate today's session overall?

9. Was the location and room arrangement adequate? Yes No

10. Was the length of session sufficient for topics covered? Yes No

11. General Comments: _____

