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Training Evaluation Form

Session: _____

Date: ___/___/___ Time: ___:___ AM/PM

For the questions that follow, please circle the most appropriate number:

- | | | | | | |
|---|------------------|---|---|---|----------|
| 1. The organization of this activity was | 5 | 4 | 3 | 2 | 1 |
| | excellent | | | | poor |
| 2. The objectives of this activity were | 5 | 4 | 3 | 2 | 1 |
| | clearly defined | | | | vague |
| 3. The effectiveness of the leader(s) was | 5 | 4 | 3 | 2 | 1 |
| | excellent | | | | poor |
| 4. Learning activities involved participants | 5 | 4 | 3 | 2 | 1 |
| | high involvement | | | | low |
| 5. Facilities were conducive to learning | 5 | 4 | 3 | 2 | 1 |
| | strongly agree | | | | disagree |
| 6. The activities and materials met my learning needs | 5 | 4 | 3 | 2 | 1 |
| | excellent | | | | poor |
| 7. The activities will be useful to my job | 5 | 4 | 3 | 2 | 1 |
| | strongly agree | | | | disagree |

8. List one thing that would improve the quality of this learning experience:

9. List any additional topics that you would like to have offered in future

workshops: _____

10. Additional comments: _____

(Please write any additional comments on the reverse side of this form.)