

# [LOGO to be inserted]

**Prefilled:** Workshop Title, Date, Presenter, Location of Training

**Please indicate your current professional role:**

- State Director
- State Staff (Please circle your primary responsibilities: data/ fiscal/ administrative/program)
- Researcher
- Contractor
- Professional Development/Trainer
- Teacher
- Local Program Staff

## A. Trainer of Session\_\_\_\_\_ [customize per session as necessary]

Please indicate the extent to which you agree with the following statements, using a 1 to 5 scale where a rating of "1" means "strongly disagree" and "5" means "strongly agree." N/A means "not applicable."	
1) The trainer was very knowledgeable about the topic. Comments?	1 2 3 4 5 N/A
2) The trainer provided opportunities to ask questions and gave quality responses. Comments?	1 2 3 4 5 N/A
3) The trainer had good presentation techniques such as strong voice quality, good articulation, good use of eye contact and movement around the room. Comments?	1 2 3 4 5 N/A
4) The trainer made effective use of available media and technology. Comments?	1 2 3 4 5 N/A

## B. Format and Delivery

Please indicate the extent to which you agree with the following statements, using a 1 to 5 scale where a rating of "1" means "strongly disagree" and "5" means "strongly agree." N/A means "not applicable."	
5) The training format was an effective method for delivering this content. Comments?	1 2 3 4 5 N/A
6) The instruction delivered the stated learning objectives in the time allotted. Comments?	1 2 3 4 5 N/A
7) My expectations for the event were met. Comments?	1 2 3 4 5 N/A

### C. Overall Event Evaluation

Please rate the following elements, using a 1 to 5 scale where a rating of “1” means “strongly disagree” and “5” means “strongly agree.” N/A means “not applicable.”						
8) Quality of event agenda, handouts, and other materials. Comments?	1	2	3	4	5	N/A
9) Quality and ease of navigation of meeting space. Comments?	1	2	3	4	5	N/A
10) Courteousness and knowledge of event staff. Comments?	1	2	3	4	5	N/A
11) Pre-meeting logistics, registration and communication. Comments?	1	2	3	4	5	N/A
12) Quality of overnight accommodations. Comments?	1	2	3	4	5	N/A

**Public Burden Statement:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 6 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference the OMB Control Number 1880-0542. Note: Please do not return the completed LINCS meeting survey to this address.