

Training Form Template

OMB Control Number: _____

Expiration Date:

The DOI Office of Collaborative Action and Dispute Resolution (CADR) evaluates all of its services. We ask all participants in a training supported by the CADR Office to provide information about their experience.

Please rate your agreement with the following statements.

USING THE DROP DOWN MENU, PLEASE RATE YOUR AGREEMENT ON A SCALE OF 0-10, WHERE 0 MEANS DO NOT AGREE AT ALL AND 10 MEANS COMPLETELY AGREE

1. - This training addressed skills / topics important for my effectiveness or interactions with others.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 - COMPLETELY AGREE

2. - I was fully engaged throughout the session.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
- 3
- 4
- 5
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- 8
- 9
- 10 - COMPLETELY AGREE

3. - The primary training objectives were achieved.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
- 3
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- 8
- 9
- 10 - COMPLETELY AGREE

4. - The training included quality opportunities to practice new skills and apply concepts.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
- 3
- 4
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- 9
- 10 - COMPLETELY AGREE

5. - This training was an important opportunity to exchange experiences and information.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
- 3
- 4
- 5
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- 8
- 9
- 10 - COMPLETELY AGREE

6. - What I take away from this training will have a positive impact on my effectiveness in the future.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
- 3
- 4
- 5
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- 7
- 8
- 9
- 10 - COMPLETELY AGREE

7. - I would recommend this training to my colleagues.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
- 3
- 4
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- 8
- 9
- 10 - COMPLETELY AGREE

8. - The facilities were suitable for the training activities.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
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- 5
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- 7
- 8
- 9
- 10 - COMPLETELY AGREE

What were the training objectives for this course?

9.

What were the most important things you learned or accomplished at this training and why were they important to you?

10. Most Important things learned / accomplished:

11. Why they are important to you:

Please rate the trainer(s) / presenter(s) on the following.

USING THE DROP DOWN MENU, PLEASE RATE YOUR AGREEMENT ON A SCALE OF 0-10, WHERE 0 MEANS DO NOT AGREE AT ALL AND 10 MEANS COMPLETELY AGREE

12. - The trainer(s) / presenter(s) were knowledgeable about the topics discussed.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 - COMPLETELY AGREE

13. - The presentation / delivery of materials was effective.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
- 3
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- 8
- 9
- 10 - COMPLETELY AGREE

14. - The slides used in this course contributed to my understanding.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
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- 8
- 9
- 10 - COMPLETELY AGREE

15. - The handouts were a valuable supplement to the training.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
- 3
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- 8
- 9
- 10 - COMPLETELY AGREE

16. - There was good interaction between the trainer(s) / presenter(s) and the participants during the training.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
- 3
- 4
- 5
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- 8
- 9
- 10 - COMPLETELY AGREE

17. - The responses from the trainer(s) / presenter(s) to questions from participants contributed to my understanding of the subject.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 - COMPLETELY AGREE

18. - The trainer(s) / presenter(s) encouraged everyone to participate.

Mark only one oval.

- 0 - DO NOT AGREE AT ALL
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 - COMPLETELY AGREE

Will you be able to apply the skills and knowledge covered during this training? Please check the most appropriate box and elaborate in the space provided below.

19. Check all that apply.

- Yes
- Possibly
- No

20. Please elaborate and identify any positive changes / impacts that you anticipate or why you don't anticipate using any of the training.

When do you anticipate using what you have learned from the training?

21. Mark only one oval.

- Immediately
- Within the next month
- One to three months from now
- Three to six months from now
- Sometime beyond six months

To what extent do you have support to apply what you have learned from this training?

22. *Mark only one oval.*

- Strong support
- Moderate support
- Modest support
- No or negligible support
- Not applicable

Please tell us two ways that you think taking this training will affect the way you do your work or interact with others?

23. **First way this training will affect your work or interactions with others.**

24. **Second way this training will affect your work or interactions with others.**

Using the space below describe anything that stood out to you that added to or detracted from the effectiveness of the trainer(s) / presenter(s).

25. **Added**

26. **Detracted**

Please tell us how this workshop/training could be more effective in the future?

27.

What was your primary reason for taking this training?

28. *Mark only one oval.*

- Training was required
- Training helped me meet continuing education requirements
- Thought it was directly applicable to my work
- Fit my schedule
- Asked or strongly suggested to take the training
- Interest in the topic
- Recommendation from colleague(s)
- Other: _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

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