|  |  |
| --- | --- |
| **Training Topic:** | **Date:** |

Please rate the trainer(s). Circle the appropriate numbers. Provide any additional feedback in the **comments** section.

# **RATING SCALE: 1 = Low 2 = Fair 3 = Good 4 = High**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trainer Name(s)** | **Topic Expertise** | **Clarity** | **Time Management** | **Responsiveness** |
|  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

Please review the following list of training objectives. Circle the number that best represents your knowledge and skills **before** then **after** this training.

# **RATING SCALE: 1 = Low 4 = High**

|  |  |  |
| --- | --- | --- |
| **Before Training** | **Self-assessment of knowledge and skills related to:** | **After Training** |
| 1 | 2 | 3 | 4 | [INSERT TRAINING OBJECTIVES] | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | [INSERT TRAINING OBJECTIVES] | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | [INSERT TRAINING OBJECTIVES] | 1 | 2 | 3 | 4 |

# **RATING SCALE: 1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please mark a check (√) to rate your impressions of the items listed below. | 1 | 2 | 3 | 4 | Not applicable |
| 1. The information and materials are relevant to my work.
 |  |  |  |  |  |
| 1. A variety of modalities (visual, hands-on, auditory) were used to support learning.
 |  |  |  |  |  |
| 1. There were opportunities for practice, discussion and feedback.
 |  |  |  |  |  |
| 1. The session enhanced my knowledge and/or skills.
 |  |  |  |  |  |

|  |  |
| --- | --- |
| **Two strategies or resources I will put into practice or share with others are:**  | **I am specifically interested in the following topics/areas:**  |
| **Additional Comments**: |

**Optional:**

|  |  |  |
| --- | --- | --- |
| **Name**: | **Contact Information**: | **Role**: |