

# Training Form Template

OMB Control Number: 1090-0011

Expiration Date: 10/31/2021

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
- 6
- 7
- 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
- 4
- 5
- 6
- 7
- 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
- 5
- 6
- 7
- 8
- 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
- 6
- 7
- 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
- 6
- 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
- 5
- 6
- 7
- 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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- 4
- 5
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- 7
- 8
- 9
- 10 - COMPLETELY AGREE

**What were the training objectives for this course?**

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9.

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

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10. Most Important things learned / accomplished:

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11. Why they are important to you:

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

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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
- 4
- 5
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- 7
- 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
- 3
- 4
- 5
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- 7
- 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
- 4
- 5
- 6
- 7
- 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
- 6
- 7
- 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.**

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**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.**

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

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**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?**

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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?**

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

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

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**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).**

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25. **Added**

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26. **Detracted**

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

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27.

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**What was your primary reason for taking this training?**

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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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