

OFFICE OF NATIVE AMERICAN PROGRAMS TRAINING EVALUATION FORM

General Information:

Course Title: _____

Course Date: _____

Do you represent your: _____ Tribe _____ TDHE _____ ONAP _____ Other

The Course (Check Box)

- | | Excellent | Good | Fair | Poor | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Objectives were Achieved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Subject Matter was well Organized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Materials were Suitable (handouts, audio/visuals, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Length of Course <input type="checkbox"/> Appropriate <input type="checkbox"/> Too short <input type="checkbox"/> Too long | | | | | |
| • Level of Difficulty <input type="checkbox"/> Appropriate <input type="checkbox"/> Too elementary <input type="checkbox"/> Too advanced | | | | | |

The Instructor/Facilitator (Check Box)

- | | Excellent | Good | Fair | Poor | N/A |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Subject Matter was well Organized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Effectively kept Discussions Focused on Relevant Topics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Created a Positive Environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was Prepared and Organized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The Facilities (Check Box)

- | | Excellent | Good | Fair | Poor | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Facilities were Conducive to Learning
(temperature, size, layout, location) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall Evaluation of the Course (Check Box)

- | | Excellent | Good | Fair | Poor | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Your Knowledge/Skill Level

of the Subject Matter (Check Box)

- | | Excellent | Good | Fair | Poor | N/A |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Knowledge/Skill Level Before Course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Knowledge/Skill Level After Course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Content was Relevant to my Job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments and Suggestions:

- Suggestions to improve training:

- What future training would be most beneficial to you?

- Comments:

**OFFICE OF NATIVE AMERICAN PROGRAMS
TECHNICAL ASSISTANCE EVALUATION FORM**

General Information:

Technical Assistance Title:

Delivery Date:

Do you represent your: _____ Tribe _____ TDHE _____ ONAP _____ Other

Technical Assistance (Check Box)

	Excellent	Good	Fair	Poor	N/A
• Objectives were Achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Subject Matter was well Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Materials were Suitable (handouts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Length of Assistance <input type="checkbox"/> Appropriate <input type="checkbox"/> Too short <input type="checkbox"/> Too long					

Assistance Provider (Check Box)

	Excellent	Good	Fair	Poor	N/A
• Subject Matter was well Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effectively kept Discussions Focused on Relevant Topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Created a Positive Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was Prepared and Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Evaluation of the Assistance (Check Box)

Excellent	Good	Fair	Poor	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Knowledge/Skill Level

of the Subject Matter (Check Box)

	Excellent	Good	Fair	Poor	N/A
a. Knowledge/Skill Level Before Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Knowledge/Skill Level After Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Content was Relevant to my Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and Suggestions:

- Suggestions to improve technical assistance:

- What future technical assistance would be most beneficial to you?

- Comments:
