



<b>Program Name:</b>	<b>CRS Staff:</b>
<b>Date:</b>	<b>Location:</b>
<b>Your organization:</b>	

We greatly appreciate receiving your feedback, and we will use your responses to help improve the program.

*Please rate how strongly you agree or disagree with each of the following statements by circling the corresponding number.*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The program had clear, understandable goals.	1	2	3	4	5
2. The program was interactive and engaging.	1	2	3	4	5
3. The trainer(s) led the program in a way that enhanced my knowledge.	1	2	3	4	5
4. The trainer(s) encouraged us to share experiences and perspectives.	1	2	3	4	5
5. The program was a worthwhile use of my time.	1	2	3	4	5

*For the following questions, please write your comments in print and as legibly as possible.*

6. Did the training meet your expectations? Please explain.

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7. Which aspects of the program (e.g., handouts, activities, lectures) were valuable?

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8. How do you plan to implement what you learned during the program?

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9. What could improve the program? Please be specific.

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10. Do you have additional comments you would like to share?

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***Thank you for your feedback!***