



Training Topic:	Date:
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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

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.					
2. A variety of modalities (visual, hands-on, auditory) were used to support learning.					
3. There were opportunities for practice, discussion and feedback.					
4. 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:
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These materials were developed for OHS/Regional TTA Network.

Paperwork Reduction Act Burden Statement: This collection of information is voluntary. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



HEAD START
Regional T/TA Network

Region _____

OMB #0970-0401
Expiration Date: 05/31/2021

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