



Cochran Fellowship Program
PROGRAM EVALUATION FORM FY2022

Participant Data

Name: «First_Names» «Last_Names»

Country: «Country»

Name of Program: «Program_Name»

Dates of Program: «Program_Dates»

Training Provider: «Implementing_Organization»

Organized by: «TeamLead», USDA/FAS

Training Program:

1) The Cochran Fellowship Program increased my knowledge of «Program_Name»

1	2	3	4	5	N/A
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Agree Strongly	Not Applicable

2) The Cochran Fellowship Program increased my knowledge of U.S. Government policy regarding «Program_Name»?

1	2	3	4	5	N/A
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Agree Strongly	Not Applicable

3) As a result of the Cochran Fellowship Program, agricultural trade between the United States and «Country» will increase.

1	2	3	4	5	N/A
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Agree Strongly	Not Applicable

4) The training received from the Cochran Fellowship will help improve agriculture systems in «Country»?

1	2	3	4	5	N/A
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Agree Strongly	Not Applicable

5) The material covered in your training was appropriate for the training program.

1	2	3	4	5	N/A
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Agree Strongly	Not Applicable

6a) I will initiate changes in my organization as a result of this training.

1	2	3	4	5	N/A
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Agree Strongly	Not Applicable

6b) Please list specific examples of changes you will make to your organization upon your return.

1. _____
2. _____
3. _____

7) What components of your training were the most useful to you and your work?

8) Please list three ways in which your training could have been improved.

9) Please list the three most important contacts you have made with American businesses, universities, or other organizations.

10) In what way did your opinion of the U.S. products and services change during your training?

11) In your opinion, what were the best sections in the course?

12) In your opinion, what were the worst sections in the course?

13) Please use this space to include any other comments that you would like for us to about any aspect of your participation in the Cochran Fellowship Training program. This information will be kept confidential.

Administrative/Logistical Support

Please any comments or concerns that you had regarding the following services during your training.

Transportation:

1	2	3	4	5	N/A
Unsatisfactory	Needs Improvement	Neither	Good	Excellent	Not Applicable

Accommodations:

1	2	3	4	5	N/A
Unsatisfactory	Needs Improvement	Neither	Good	Excellent	Not Applicable

Meals:

1	2	3	4	5	N/A
Unsatisfactory	Needs Improvement	Neither	Good	Excellent	Not Applicable

CFP Coordinator(s):

1	2	3	4	5	N/A
Unsatisfactory	Needs Improvement	Neither	Good	Excellent	Not Applicable

Training Provider:

1	2	3	4	5	N/A
Unsatisfactory	Needs Improvement	Neither	Good	Excellent	Not Applicable

Translation/Interpretation Services:

1	2	3	4	5	N/A
Unsatisfactory	Needs Improvement	Neither	Good	Excellent	Not Applicable

Additional Services that were not mentioned (please list):

1	2	3	4	5	N/A
Unsatisfactory	Needs Improvement	Neither	Good	Excellent	Not Applicable

Length of Program:

1	2	3	4	5	N/A
Too short		Just Right		Too Long	Not Applicable

For Office Use Only:

Entered into Database	IK(1)	IBT(3)	ILI(6a&b)
Y/N	High – Medium – Low	High – Medium – Low	High – Medium – Low

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