



Program Name:	CRS Staff:
Date:	Location:
Your organization:	

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.

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

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

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

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

Thank you for your feedback!