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| Training Assessment Form **Course Title:**  **Training Module(s):**  **Instructor(s):**  **Date:** | | | | | |
| **Instructions:**  Upon completion of the training, participants are encouraged to complete this assessment form. CDC will use this information to assess the effectiveness of training content, instructors, and methods. Please circle the response below that best describes your assessment of the training. If a question is not applicable to your training course or if you do not have sufficient information to answer, select N/A. This assessment is voluntary and no names will be identified. | | | | | |
| SECTION I: COURSE CONTENT | | | | | |
|  | **Not**  **Applicable** | **Strongly**  **Disagree** | **Disagree** | **Agree** | **Strongly**  **Agree** |
| **1.** The course content supported the overall learning objectives. | N/A | 1 | 2 | 3 | 4 |
| **2.**  The course information was at an appropriate level to understand the learning objectives. | N/A | 1 | 2 | 3 | 4 |
| **3.** The course provided opportunities to practice and reinforce what was taught. | N/A | 1 | 2 | 3 | 4 |
| **4.** The training was relevant to the knowledge I need to accomplish my job. | N/A | 1 | 2 | 3 | 4 |
| **5.** The training increased my knowledge on the topic(s) addressed. | N/A | 1 | 2 | 3 | 4 |
| **6.** I will apply what I learned today in my work with CDC. | N/A | 1 | 2 | 3 | 4 |
| **7.** I am satisfied with this course. | N/A | 1 | 2 | 3 | 4 |
| **8.** I would recommend this course to someone (even if it were not a required course). | N/A | 1 | 2 | 3 | 4 |
| **SECTION II: INSTRUCTOR ASSESSMENT** | | | | | |
| **9.** The instructor(s) was/were prepared for class. | N/A | 1 | 2 | 3 | 4 |
| **10.** The instructor(s) was/were knowledgeable about the course content. | N/A | 1 | 2 | 3 | 4 |
| **11.** The instructor(s) was/were responsive to questions and other needs. | N/A | 1 | 2 | 3 | 4 |
| **12.** The instructor(s) encouraged a participatory and interactive learning environment. | N/A | 1 | 2 | 3 | 4 |

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| **SECTION III: COURSE LOGISTICS** | | | | | |
| **13.** Time allotted for the overall course was appropriate. | N/A | Too Short | Adequate | Too Long | Unsure |
| **14.** Adequate time was provided for questions and discussion. | N/A | Too Short | Adequate | Too Long | Unsure |
| **SECTION IV: ADDITIONAL COMMENTS** | | | | | |
| **15:** Please list the modules you found *most* useful and why. | | | | | |
| **16:** Please list the modules you found *least* useful and why. | | | | | |
| **17:** What suggestions do you have for improving the course? | | | | | |
| **18.** Are there any additional topics you would like to see added to the course? | | | | | |
| **19.** Additional comments? | | | | | |