

TRAINING FEEDBACK FORM

Please tell us what you thought of this training! Your honest feedback will help us plan and improve the training for future participants and also meet your additional training needs.

<i>Please answer questions 1-6 by completely filling in the circle that BEST describes your agreement/ disagreement with the statement.</i>	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Trainer(s) were knowledgeable and engaging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The presentations were clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The presentation styles were a good match for how I learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I will be able to apply today's content in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Today's training was a good use of my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. I would like more information about:
7. I would like individual technical assistance (TA) on the following topics from today's training:
8. Additional comments about today's training:

If you requested information and/or TA on any of the items above, please give us your name and phone number: _____

Thank you for taking the time to complete this form.