

Getting Healthier Together



Training Evaluation Topic: _____

Date: _____

Instructions:

As part of our effort to provide excellent programs we ask you to participate in a training evaluation survey. All of the information collected will be kept confidential and only be used for the purpose of evaluating the training. The survey is voluntary and you can stop at any time. Completing the survey implies consent to participate in the training evaluation.

Please use the scale below to express your opinion. Check the appropriate box for each statement. Your comments are highly valued.

	Strongly Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree
Preparation					
The invitation for the training stated the goals clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough information to prepare for the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training					
The trainer(s) were knowledgeable about the topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer(s) were well prepared for the session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer(s) were effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content Delivery					
The goals of the training were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The goals of the training were achieved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training materials were clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training materials were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training activities were clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training activities were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was interesting and held my attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application					
I am satisfied with my increased understanding of the topic.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will be able to incorporate elements of the training into my work day.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
I hope to change my practice as a result of this training.				<input type="checkbox"/> Yes	<input type="checkbox"/> No