

Training or Trainers Evaluation
And
Training Verification

Topic: _____

Date: _____

Length of Presentation: _____

Location of Training: _____

Who Sponsored? Head Start Other _____

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The information was valuable to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The material was appropriately challenging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The speaker for this workshop was knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The information was relevant to my job responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The information was relevant to my identified training needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What information did you gain from attending this training?				

7. How will you use this information in your work?

8. Comment on today's training:

Staff Member Printed Name: _____

Signature of Presenter; T/TA Coordinator; or Supervisor: _____