

Training or Trainers Evaluation
And
Training Verification

Topic: _____

Date: _____

Length of Presentation: _____

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 _____



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