

# Gateways to Opportunity Registry - Approved Training Participant Evaluation Form

Title of Training Event: \_\_\_\_\_ Training Event ID: | | | | | | | | | |

Trainer(s) Name: \_\_\_\_\_ Trainer(s) ID: \_\_\_\_\_ Training Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please take some time to circle the score that best reflects your experience at this training.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
<b>Session Content</b>					
The session was well organized and efficient.	1	2	3	4	5
The training was presented as described.	1	2	3	4	5
The session information was relevant to me.	1	2	3	4	5
There were a variety of instructional techniques used.	1	2	3	4	5
The learning outcomes of the session were clearly identified.	1	2	3	4	5
The learning objectives were met.	1	2	3	4	5
The handouts and support materials were useful.	1	2	3	4	5
I would recommend this training to others.	1	2	3	4	5

<b>Instructor</b>					
The instructor was knowledgeable about the subject matter.	1	2	3	4	5
The instructor's presentation format and teaching methods were effective.	1	2	3	4	5
The instructor was able to keep discussions focused.	1	2	3	4	5
The instructor used time wisely and efficiently.	1	2	3	4	5
The instructor was open and approachable.	1	2	3	4	5

<b>Facility or Location</b>					
I am satisfied with the training facility/location <i>(parking, comfort, accessibility, etc.):</i>	1	2	3	4	5

**General Comments:**

Name a new skill or action that you learned during this training that you will begin implementing in your program.

Share a particular moment during the training that you believe had the most impact.

What other needs/suggestions/tools would you recommend, if any, to this trainer to enhance future trainings?