

# Training Evaluation

Training Session \_\_\_\_\_

Date \_\_\_\_\_

We welcome your feedback. Please take a moment to complete the evaluation by circling the most appropriate response and include any additional comments.

5 = outstanding

1 = not at all

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. The session met my expectations.                              | 5 | 4 | 3 | 2 | 1 |
| 2. The instructor was knowledgeable of the subject area.         | 5 | 4 | 3 | 2 | 1 |
| 3. The instructor used a variety of mediums during the training. | 5 | 4 | 3 | 2 | 1 |
| 4. The instructor's teaching style was energetic and engaging.   | 5 | 4 | 3 | 2 | 1 |
| 5. There was appropriate time for questions.                     | 5 | 4 | 3 | 2 | 1 |
| 6. The instructor kept the course on track.                      | 5 | 4 | 3 | 2 | 1 |

7. What information/ideas shared during this training had the most impact on you?

8. Is there anything you would do differently to make this training better?

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*Empowering staff and professionals to higher service for people with developmental disabilities and their families*

9. Other?