

MHSOAC CLAS Training

Evaluation Form

I am a: Commission Member Staff

Please indicate your impressions of the items listed below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training met my expectations.	<input type="radio"/>				
2. I will be able to apply the knowledge learned.	<input type="radio"/>				
3. The training objectives for each topic were identified and followed.	<input type="radio"/>				
4. The content was organized and easy to follow.	<input type="radio"/>				
5. The materials distributed were pertinent and useful.	<input type="radio"/>				
6. The trainer was knowledgeable.	<input type="radio"/>				
7. The quality of instruction was good.	<input type="radio"/>				
8. The trainer met the training objectives.	<input type="radio"/>				
9. Class participation and interaction were encouraged.	<input type="radio"/>				
10. Adequate time was provided for questions and discussion.	<input type="radio"/>				
11. How do you rate the training overall?					
Excellent	<input type="radio"/>				
Good		<input type="radio"/>			
Average			<input type="radio"/>		
Poor				<input type="radio"/>	
Very poor					<input type="radio"/>

10. What aspects of the training could be improved?

11. Other comments?

THANK YOU FOR YOUR PARTICIPATION!