



# TRAINING EVALUATION

Please share your feedback on this session. We'd like to know. Your thoughts will help us provide the best possible presentations in the future. So, please take a moment to complete this form.

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

1) Location: \_\_\_\_\_

2) Trainer(s): \_\_\_\_\_

3) Your overall evaluation of the course:

- |                           |                                    |                                    |                               |                               |                               |
|---------------------------|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Content                   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Objectives clearly stated | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Organization              | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

4) Your overall evaluation of the trainer(s):

- |                          |                                    |                                    |                               |                               |                               |
|--------------------------|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Knowledge of subject     | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Preparation              | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Responses to questions   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Encouraged participation | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Referenced other sources | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

5) Please rate the facilities:  Excellent  Very Good  Good  Fair  Poor

6) What part of this training was most helpful to you?

7) What part was least helpful to you?

8) What two things did you learn that will make you a more effective club officer?

9) What other topics would you like to have had addressed during training?

Additional comments: