EVALUATION FORM

1. How satisfied are you with today’s training overall?

☐ Not Satisfied  ☐ Somewhat Satisfied  ☐ Satisfied  ☐ Very Satisfied

Comments:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

2. How useful was the information you received today?

☐ Not Useful  ☐ Somewhat Useful  ☐ Useful  ☐ Very Useful

Comments:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

3. What information did you find most valuable?

_________________________________________________________________
_________________________________________________________________

4. What would you have changed about today’s training?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

5. How often do you intend to utilize what you have learned at today’s training?

_________________________________________________________________
_________________________________________________________________

6. Any additional comment about today’s training?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Thanks for your help.

**OPTIONAL:**

Your Name _____________________________________________________________

Mailing Address __________________________________________________________

City _________________________ Zip ______________ Phone: ______________

E-mail Address: __________________________________________________________