

Training Evaluation



DATE:	NAME (OPTIONAL):
CLASS TITLE:	
PRESENTER(S):	
LOCATION:	

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
Your overall evaluation of the course:					
CONTENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBJECTIVE CLEARLY STATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEARNING OBJECTIVES WERE MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall evaluation of the trainer(s):					
KNOWLEDGE OF SUBJECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREPARATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSES TO QUESTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENCOURAGED PARTICIPATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please rate the facilities:					
FACILITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What part of this training was most helpful to you?

What part was least helpful to you?

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

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

Additional comments: