

UNITED STATES COAST GUARD AUXILIARY
TRAINING EVALUATION FORM

Training Attended _____ Location _____

Please indicate your impression of the items listed below. If it was highly favorable, circle 5. Not so favorable, give your opinion - circle from 4 to 1.

CURRICULUM

	Low			High		
1. The training met my expectations.	1	2	3	4	5	
2. I will be able to apply the knowledge learned.	1	2	3	4	5	
3. The training objectives for each topic were identified and followed.	1	2	3	4	5	
4. The curriculum content was organized and easy to follow.	1	2	3	4	5	
5. The materials distributed were pertinent and useful.	1	2	3	4	5	
6. Members in my district will benefit from the knowledge I gained.	1	2	3	4	5	

DEPARTMENT STAFF/INSTRUCTORS

	Low			High		
1. The presenters were knowledgeable.	1	2	3	4	5	
2. The quality of instruction was good.	1	2	3	4	5	
3. The presentations were interesting and practical.	1	2	3	4	5	
4. The presenters met the training objectives.	1	2	3	4	5	
5. Good training aids and audio-visual aids were used.	1	2	3	4	5	
6. Class participation and interaction were encouraged.	1	2	3	4	5	
7. Adequate time was provided for attendee questions.	1	2	3	4	5	
8. Staff were interested and addressed attendees concerns.	1	2	3	4	5	

TRAINING SPECIFIC QUESTIONS

	Low			High		
1. How do you rate the training overall?	1	2	3	4	5	
2. The training will help me do my job better.	1	2	3	4	5	
3. This training is worthwhile and should be conducted on a regular basis.	1	2	3	4	5	

PROCEDURES AND INFORMATION

	Low			High		
1. Did you receive timely, advance training information?	1	2	3	4	5	
2. Did you receive your orders in a timely fashion?	1	2	3	4	5	
3. Was adequate time allowed for breaks and meals?	1	2	3	4	5	

ADDITIONAL COMMENTS

1. How did you learn about this school?

2. Which of the trainings presentations or topics were the most useful to you?

3. Which of the training presentations or topics did you find the least useful?

4. What presentations or topics were you expecting to hear, but were not presented?

5. What items or activities would you like to see added to this training?

6. Other Comments:

Please sign your name here: _____

Print your office/district: _____