



Office of State Ethics Post Training Evaluation Form

Name of Session: _____

Date of Session: _____

Presenter(s): _____

INSTRUCTIONS: Please rate the following by highlighting (left click) the appropriate number.

	<u><i>Poor</i></u>		<u><i>Average</i></u>		<u><i>Excellent</i></u>
Was the information presented in a clear and understandable manner	1	2	3	4	5
Were topics thoroughly covered during the presentation	1	2	3	4	5
Were questions encouraged and addressed satisfactorily	1	2	3	4	5
Was the information covered important and useful to you	1	2	3	4	5
Rate the overall quality of the training session	1	2	3	4	5

Your agency: _____

Your role (Liaison Officer, Compliance Officer, Agency Head, Etc.) and number of years in state service:

List all topic that were particularly useful:

Please list any suggestions you have for improving this course:

What topics would you like the OSE to address in future workshops or on the FAQ page of the web site?