

District 75
Participant Evaluation Form

Workshop: _____

Date: _____

Location: _____

Presenter: _____

Position: _____

Please circle the number that most accurately reflects your agreement with the corresponding statement.

	<i>Strongly agree</i>					<i>Strongly disagree</i>
1. The training session was well organized.	1	2	3	4	5	NA
2. The trainer was knowledgeable about the subject.	1	2	3	4	5	NA
3. The trainer communicated the content effectively.	1	2	3	4	5	NA
4. The trainer maintained a professional attitude.	1	2	3	4	5	NA
5. Adequate time was provided for "hands-on" experience.	1	2	3	4	5	NA
6. Adequate time was provided for discussion and questions.	1	2	3	4	5	NA
7. The trainer was responsive to questions.	1	2	3	4	5	NA
8. The information presented will be helpful in my work.	1	2	3	4	5	NA
9. The printed materials handed out appear to be useful.	1	2	3	4	5	NA
10. Equipment was in working order and used to support training content.	1	2	3	4	5	NA

	<i>Excellent</i>					<i>Poor</i>
11. My overall rating of this session is	1	2	3	4	5	NA

12. What action will you take as a result of this training? _____

13. What further information/training do you feel is necessary? _____

14. Questions that I have/Comments: _____

We appreciate your assistance in completing this Participant Evaluation Form.