
Assessment 11-6**Training Evaluation**

Your Name: _____ Date: _____

Workshop Title: _____

Facilitator: _____ Location: _____

Please circle the number that best corresponds to your ratings for today's training session.

ITEM	POOR	FAIR	GOOD	EXCELLENT
1. Quality of the workshop content	1	2	3	4
2. Applicability of content to my work	1	2	3	4
3. Quality of training materials or handouts	1	2	3	4
4. Quality of audiovisual materials	1	2	3	4
5. Facilitator's presentation skills	1	2	3	4
6. Facilitator's knowledge of subject	1	2	3	4
7. Amount of participant interaction	1	2	3	4
8. Time allotted for activities	1	2	3	4
9. Facility or location	1	2	3	4
10. Overall workshop rating	1	2	3	4

Would you recommend this session to a colleague? Why or why not? _____

How will you begin to apply the training content after today's session? _____
