TRAINING EVALUATION

COURSE TITLE: Pickle Preparation
SPONSORING AGENCY: Missouri LTCOP

DATE OF TRAINING: ___________________________ LOCATION: ___________________________

Please rate the training by writing one of the following code letters in the box for each item. Please include comments so we can bring you the best trainings possible. Your assistance is needed and appreciated.

Code:
E = EXCELLENT, as good as I’ve ever encountered
G = GOOD, meeting high standards
S = SATISFACTORY, acceptable but not outstanding
P = POOR, having some deficiencies

1. The training states and achieves its objective.

2. The trainer communicated in a clear, understandable manner.

3. The trainer presented materials in an organized, logical sequence.

4. The training provided opportunities for group participation and discussion.

5. The discussion/handouts/knowledge gained are useful and applicable.

6. The training is relevant to job function or need.

What parts of the training session were most helpful?______________________________________________
__________________________________________________________________________________________

How will you use the presented material “on the job”?______________________________________________
__________________________________________________________________________________________

What would you change or like to see added?______________________________________________________
__________________________________________________________________________________________