

SAMPLE

TRAINING EVALUATION FORM

Suggested Format

THANK YOU for helping us by completing this evaluation. It is very helpful in planning future trainings.

On a scale of 1-5, please rank the following statements by circling the appropriate number

1= “absolutely no” 2 = “mostly no” 3 = “sort of” 4= “mostly yes” 5 = “absolutely yes”

As a result of this training: (CHANGE STATEMENTS FOR EACH MODULE)

I feel better able to describe mania 1 2 3 4 5

I feel more able to describe schizophrenia 1 2 3 4 5

*I feel more able to communicate with
mental health professionals* 1 2 3 4 5

*I feel I will be more confident working
in adult homes* 1 2 3 4 5

I learned things I can use in my work 1 2 3 4 5

I would like to attend additional trainings ____YES ____NO

Topics I would like to see: (list your top three)

Please complete the following statements:

This would have been much better if _____

One thing I didn't like at all was _____

The thing I liked best was _____
