

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
S = SATISFACTORY, acceptable but not outstanding

G = GOOD, meeting high standards
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? _____
