COMMUNITY RESIDENTAIL TRAINING PARTICIPANT EVALUATION

DATE OF TRAINING: NAME OF COURSE: TRAINER NAME­­­­­­­­­­

1. Here are three things I learned today.

 1.

2.

3.

2. One thing I will do differently in the future as a result of this training:

3. Something that surprised me:

 Low high

4. The material was relevant to my job. 1 2 3 4

5. The material was well presented and held my interest. 1 2 3 4

6. The presenter was knowledgeable. 1 2 3 4

7. The presenter was respectful. 1 2 3 4

8. My favorite thing about this training:

9. Please contact me: (optional)

 Name:

 Phone:

 Email: