Training/Workshop Evaluation Form

Directions: Thank you for attending this training/workshop! District-wide feedback is an important part of the planning and evaluation process at the College of the Sequoias. Please answer the following questions about this training/workshop. Your participation in this survey is voluntary and confidential.

Name of Training/Workshop: __________________________________________________________

Name of Trainer(s)/Facilitator(s): ______________________________________________________

Date of Training/Workshop: ___________________________________________________________

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<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>1. Strongly Agree</td>
<td>2 Agree</td>
<td>3 Disagree</td>
<td>4 Strongly Disagree</td>
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1. The material presented in the training/workshop was easy to follow and understand………………… 1 2 3 4

2. The amount of material covered in the training/workshop was appropriate and reasonable……………………………………………………………………………………………………… 1 2 3 4

3. The material presented in the training/workshop was helpful to me…………………………………… 1 2 3 4

4. The material presented in the training/workshop is applicable to my work area………………………… 1 2 3 4

5. The material presented in the training/workshop is relevant and useful to my professional development……………………………………………………………………………………… 1 2 3 4

6. I plan to implement information and/or strategies learned……………………………………………… 1 2 3 4

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7. How would you rate the overall presentation skills and knowledge of the trainer(s)/facilitator(s)? 1 2 3 4 5

8. What is your overall assessment of the training/workshop?……………………………………………… 1 2 3 4 5

(Please Turn Over to Complete Comments Section)
9. What did you like most about this training/workshop?

10. What would have made the session more effective, interesting, etc.? Any suggestions for improvement?

Thank you for completing the survey!