

**Regional Education Cooperative Association
TRAINING EVALUATION FORM**

Training Title:

Location:

Date(s):

Trainer/Presenter:

Please list your District: _____

Please circle one: *Special Ed - General Ed*

CIRCLE ONE: Administrator-Superintendent ~ Administrator-Principal ~ Administrator-Other
Teacher ~ SLP ~ OT ~ PT ~ Psychologist ~ Diagnostician ~ Social Worker ~ Counselor
Rehab Counselor ~ Educational Assistant ~ Parent ~ Other: List: _____

Please evaluate the training by rating items 1 through 6 and writing your comments on items 7 through 12.

1. To what extent were the objectives of this training clear to you?
(Low) 1 2 3 4 5 (High)
2. To what extent were the objectives of this training achieved?
(Low) 1 2 3 4 5 (High)
3. How relevant was this training to your needs?
(Low) 1 2 3 4 5 (High)
4. How effective was the trainer?
(Low) 1 2 3 4 5 (High)
5. What was the extent of your knowledge in the topics **before** this training?
(Low) 1 2 3 4 5 (High)
6. What is the extent of your knowledge in the topics **after** this training?
(Low) 1 2 3 4 5 (High)
7. List some of the strengths of the training.

8. List some of the weaknesses of the training.

9. Would you like a follow-up training? Yes - No -- *(If Yes, explain.)*

10. How will you use this training?

11. List comments or recommendations for improvement. _____

12. What other topics and/or trainings would you be interested in?
