

Training Evaluation

Training Attended: _____ Date: _____

Please indicate on the form below your impression of the training class you have just attended. Rate the training session based upon the following criteria.

In the interest of developing and maintaining a quality training program please feel free to comment in the space provided or use the back of the sheet in needed.

Curriculum	Expectations				
	Low			High	
1. The training meet my expectations	1	2	3	4	5
2. I will be able to use the knowledge gained from this course	1	2	3	4	5
3. The training objectives were identified and meet	1	2	3	4	5
4. Class materials were distributed and helpful	1	2	3	4	5
5. The presentation was organized and contributed to my knowledge	1	2	3	4	5
Instructors/Staff					
1. The presenters were knowledgeable in subject matter	1	2	3	4	5
2. The presenters meet the course objectives	1	2	3	4	5
3. Good training aids and audio visuals were used.	1	2	3	4	5
4. Class participation was encouraged	1	2	3	4	5
5. The presenters were responsive to the student's questions	1	2	3	4	5
Training Questions					
1. How would you rate this training class?	1	2	3	4	5
2. Did this class meet your training needs?	1	2	3	4	5
3. Was the training relevant to your work environment?	1	2	3	4	5

Comments: _____

Training Evaluation Level One

Course Title - 1 Help School Nurses Turn Asthma Chaos Into Quiet Control 3-13-09.....

Learning Objective # 2
 Each learner will make AHS referrals for their asthmatic students with frequent hospitalizations or ED visits or high school absenteeism. To decrease the # of school absences by 10%.

	a lot	some	a little	none	specific highlights and/or suggested improvements?
Did I enjoy this course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did I learn gain new knowledge and get some new ideas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will I use the information and ideas at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do I think that the ideas and information will improve my effectiveness in helping children control their asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Do you have any other comments or suggestions on The Power Point Slides? The presenters presentation style? The Flow of the Course? Your comments to this form will help to improve my SN training program on asthma</p>					
<p>PRESENTERS NAME Elizabeth Reynolds</p>					

Trainer Name	
Course Name and Number	
Location	
Date	
Trainee Name (optional)	

This feedback form will help us to evaluate how well our training has met your expectations and needs. Please check the square which best corresponds to your answer.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The course content was arranged so as to make the most effective use of the time allotted.					
The training material addressed all of the learning objectives that were discussed at the beginning of the course.					
The content was appropriate to my training needs and skill level.					
The course materials were easy to read and understand.					
The instructor was knowledgeable about the subject matter.					
I was encouraged to ask questions, voice my concerns and observations, and engage in discussion.					
The instructor used a variety of presentation methods (i.e. lecture, group discussion, activities and exercise, handouts, and audiovisuals) which met my learning needs.					
The instructor helped group members relate the concepts taught to their practice and provided examples for how to apply them to their daily job activities.					
The location was accessible and convenient.					
The time allocated was appropriate to the content of the training.					
The physical classroom environment was comfortable (i.e. room temperature, light, and seating).					
This class met my expectations.					
What I learned will improve the way I communicate and interact with all my clients/staff.					
I would recommend this training to others.					

Please include additional comments on the back side of this sheet.

Thank you for your time and cooperation with this request.