



EVALUATION OF TRAINING

DATE:

TOPIC:

PRESENTER(S):

PRESENTATION PROVIDED TO:

COMMUNITY/LOCATION:

PLEASE COMPLETE

Your comments and feedback are important to us.

1. How would you rate the overall quality of this training/presentation?

Excellent *Good* *Fair* *Poor*

2. The pace of the training/presentation was appropriate and well-delivered.

Excellent *Good* *Fair* *Poor*

3. The presenter(s) were prepared and organized.

Excellent *Good* *Fair* *Poor*

4. There was enough opportunity to ask questions.

Excellent *Good* *Fair* *Poor*

5. My knowledge of this topic has improved.

Excellent *Good* *Fair* *Poor*

6. This training/presentation met my expectations.

Excellent *Good* *Fair* *Poor*

7. The most important thing I learned was:

8. Please comment on what we did well?

9. Do you have suggestions as to how this training could have been improved?

Person completing the evaluation (please check)

service provider CMHAFF staff client/family member other _____