Directions: To help the Commission improve its training activities, please take the needed time to complete this evaluation and return it to the designated person.

Title of Training Session ________________________________________________________

Date(s) of Training Session _____________ Location of Training Session _________________

Name of Trainer ______________________________________________________________

Based on your participation in the above named training session please rate the effectiveness of the following items from 1 to 5, with 5 being very effective to 1 being very ineffective. If you rated any item with a 1 or 2 please provide details why in the space provided. NA – Not applicable

1. Training materials  5  4  3  2  1  NA
2. Training location  5  4  3  2  1  NA
3. Length of training  5  4  3  2  1
4. Method of training delivery  5  4  3  2  1
5. Trainer  5  4  3  2  1  NA
6. Value of training  5  4  3  2  1
7. If you rated any of the items with a 1 or 2, please provide details as to why below.

8. Suggestions on how to improve future training sessions on the same subject(s).

Revision History:
Last Revision: 02/08/2022