

American Institute of Constructors

Constructor Certification Commission Document No. 37

**Constructor Certification Training Session
Participant Evaluation**

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