

# TRAINING SURVEY

Name of training: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions to trainees:** We would like to know how you feel about the training. *Your responses are very important to us.* Please rate the training by placing an X in the boxes that most accurately reflect your feelings, and then completing the statements below.

|  | Poor | OK | Good | Very Good | Exceptional | No Opinion |
|--|------|----|------|-----------|-------------|------------|
| Presenter(s)' knowledge of topics presented                                |      |    |      |           |             |            |
| Presenter(s)' ability to communicate in a clear and understandable fashion |      |    |      |           |             |            |
| Presenter(s)' ability to respond to questions                              |      |    |      |           |             |            |
| Presenter(s)' ability to involve the audience                              |      |    |      |           |             |            |
| Usefulness of training materials and handouts                              |      |    |      |           |             |            |
| Comfort of meeting room  |      |    |      |           |             |            |
| Selection of topics presented  |      |    |      |           |             |            |
| Quality of networking opportunities  |      |    |      |           |             |            |

The most useful information presented was \_\_\_\_\_

As a result of this training, I am better able to \_\_\_\_\_

What comments or suggestions for improvements do you have about this training? \_\_\_\_\_

What would you like to see covered at future trainings? \_\_\_\_\_

Other comments \_\_\_\_\_

I am (please check all that apply):  foster parent  adoptive parent  prospective adopter  
 kinship care provider  prospective foster parent  adoptee  child welfare professional  
 other \_\_\_\_\_