TRAINING EVALUATION FORM

## Please complete this evaluation form

# TYPE OF TRAINING SESSION

* Category 1 – This is usually the Technology Education teacher. In some cases, this task may be delegated to students upon proper training and supervision by the teacher, using professional discretion.
* Category 2 – This is usually the School Custodian.
* Category 3 – This is usually the Board Maintenance Staff or outside contractor.

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| Trainer |  | Date |  |
| Name of School/Board |  |

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| --- | --- | --- | --- | --- |
| QUALITY OF INSTRUCTION | 1=Poor | 2=Average | 3=Good | 4=Excellent |
| (Circle the score that best applies) |
| Planning and organization (covered learning objectives; was well prepared; made good use of time; etc.) | 1 | 2 | 3 | 4 |
| Willingness to help; availability; answered questions; etc. | 1 | 2 | 3 | 4 |
| Knowledge of material | 1 | 2 | 3 | 4 |
| Communication | 1 | 2 | 3 | 4 |
| Encouraged interaction and participation | 1 | 2 | 3 | 4 |
| QUALITY OF COURSE MATERIALS | Poor | Average | Good | Excellent |
| (Circle the score that best applies) |
| Effectiveness of the course materials | 1 | 2 | 3 | 4 |
| Usefulness of take-home materials | 1 | 2 | 3 | 4 |
| VALUE OF THE COURSE | 1=StronglyDisagree | 2=SomewhatDisagree | 3=SomewhatAgree | 4=StronglyAgree |
| (Circle the score that best applies) |
| I learned a lot in this course | 1 | 2 | 3 | 4 |
| I can apply what I’ve learned back at myworkplace | 1 | 2 | 3 | 4 |

Name two things you learned in this training you can apply in your work.

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| 1. |
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| 2. |
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Please let us know if there are ways you feel this training may be improved.

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| 1. |
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| 2. |
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Name (optional)

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