

Training Evaluation Form

For Online/Distance Learning and Blended Training



Thank you for volunteering to complete a training evaluation. Your feedback will help improve the quality of training offered to early care and education professionals across Georgia. If you would like to speak in more detail about a training, please contact Georgia Training Approval at 1-866-425-0220.

Title of Training: _____ Training Code: _____

Name of Trainer: _____ Trainer Code: _____

This training was: ☐ Web-based/online ☐ Distance Learning (DVD, CD) ☐ Blended (online and face-to-face)
Date Began: _____

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
1. The training was well-organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The trainer/instructor followed the syllabus/agenda provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The instructor was accessible during the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructor provided timely feedback to questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor provided opportunities to engage in self-reflection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor encouraged participant interaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The quality of the training met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The training was sensitive to the needs of participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The activities covered will be useful in my daily work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The content covered will be useful in my daily work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The training kept me engaged and interested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The activities and assignments were relevant to the training content and learning objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The training contributes to my educational, professional, and/or personal development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Please explain any "Strongly Disagree" or "Disagree" responses. ➤					
15. What will you do differently in your classroom/program as a result of this training? ➤					
16. If you could make one change to improve this training, what would it be? ➤					
17. Is there anything else you would like to tell us about this training? ➤					
18. OVERALL, how would you rate this training? <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor					

E-mail this form to TrainingApproval@georgiacenter.uga.edu, fax to 1-866-960-0041, or mail to:
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