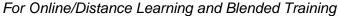
Training Evaluation Form





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: ☐ Web-based/online ☐ Distance Learning (DVD, CD) ■ Blended (online and face-to-face) This training was: Date Began: Neither Strongly Strongly Disagree Agree Disagree Agree Nor Agree The training was well-organized. The trainer/instructor followed the syllabus/agenda provided. 3. The instructor was accessible during the training. 4. The instructor provided timely feedback to questions. 5. The instructor provided opportunities to engage in self-reflection. 6. The instructor encouraged participant interaction. The quality of the training met my expectations. 8. The training was sensitive to the needs of participants. The activities covered will be useful in my daily work. 10. The content covered will be useful in my daily work. 11. The training kept me engaged and interested. 12. The activities and assignments were relevant to the training content and learning objectives. The training contributes to my educational, professional, and/or personal development. 14. Please explain any "Strongly Disagree" or "Disagree" responses. \triangleright 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? \triangleright 17. Is there anything else you would like to tell us about this training? \triangleright ☐ Good ☐ Poor 18. OVERALL, how would you rate this training? Average Very Good