## TRAINING EVALUATION



Please share your feedback on this session. We'd like to know. Your thoughts will help us provide the best possible presentations in the future. So, please take a moment to complete this form.

Name (optional):	Date:				
1) Location:					
2) Trainer(s):					
3) Your overall evaluation of the course:  Content  Objectives clearly stated  Organization	□ Excellent □ Excellent □ Excellent	□ Very Good □ Very Good □ Very Good	□ Good □ Good □ Good	☐ Fair ☐ Fair ☐ Fair	□ Poor □ Poor □ Poor
4) Your overall evaluation of the trainer(s):  Knowledge of subject  Preparation  Responses to questions  Encouraged participation  Referenced other sources	☐ Excellent ☐ Excellent ☐ Excellent ☐ Excellent ☐ Excellent	□ Very Good	☐ Good ☐ Good ☐ Good ☐ Good ☐ Good	☐ Fair ☐ Fair ☐ Fair ☐ Fair ☐ Fair	☐ Poor ☐ Poor ☐ Poor ☐ Poor ☐ Poor
5) Please rate the facilities:	☐ Excellent	□ Very Good	□Good	☐ Fair	□ Poor
6) What part of this training was most helpful to y	ou?				
7) What part was least helpful to you?					
8) What two things did you learn that will make yo	ou a more effective cl	ub officer?			
9) What other topics would you like to have had a	addressed during train	ning?			
Additional comments:					