

TRAINING EVALUATION

Participant Evaluation: Campaign Training

Training Title: _____

Date of Training: _____

Facilitator Name: _____

Facility/Bureau: _____

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| TOPIC: The topic of the training is worthwhile and relevant to my work. | 1 | 2 | 3 | 4 | 5 |
| CONTENT: I will be able to apply the content of this training to my work. | 1 | 2 | 3 | 4 | 5 |
| FACILITATOR KNOWLEDGE: The facilitator had a clear understanding of the content, and effectively related this material to the participants. | 1 | 2 | 3 | 4 | 5 |
| METHOD: The training was organized, and followed a logical sequence that was relevant to the content. | 1 | 2 | 3 | 4 | 5 |
| PARTICIPATION: The facilitator provided plenty of opportunities for group participation during the training. | 1 | 2 | 3 | 4 | 5 |
| MATERIALS: The module materials were useful and engaging. | 1 | 2 | 3 | 4 | 5 |
| OVERALL: The training was worth my time, and I'm satisfied that all training objectives were met. | 1 | 2 | 3 | 4 | 5 |

What is one idea from the training that you will put into practice?

What is one idea from the training that you still have questions about?

What suggestions do you have to help improve this training for the future?
