Training Program Evaluation Survey

☐ Check if applying for CRC recertification credits

Training _____________________________ Date ____________________

Location

Please take some time to complete this evaluation survey. Your response will remain confidential. The questions are designed to improve future trainings. Questions 1–7 represent general background information. The remaining questions represent your satisfaction with training program and designed to improve future trainings.

1. Gender
   a. ___ female  b. ____ male

2. Primary racial/cultural background
   a. ___ Asian-American  d. ___ Caucasian
   b. ___ African-American  e. ___ Native American
   c. ___ Hispanic/Latino  f. ___ Pacific Islander

3. Do you yourself experience a disability?  a. ___ yes  b. ___ no

4. The primary disability group served by you and your organization.
   a. ___ mental retardation/developmental disabilities  c. ___ brain injury
   b. ___ psychiatric disabilities  d. ___ physical disabilities
   e. ___ other (specify) ________________

5. The highest educational degree you have obtained
   a. ___ high school  d. ___ master’s degree
   b. ___ associate’s degree  e. ___ doctoral
   c. ___ bachelor’s degree

6. The length of time you have been employed in your position
   a. ___ less than 1 year  c. ___ over 3 years
   b. ___ one to 3 years  d. ___ not applicable

7. What best describes your job title?
   a. ___ Rehabilitation Personnel  d. ___ Protection and Advocacy Personnel
   b. ___ Independent Living Center Personnel/Peer Counselor
   c. ___ State Agency Personnel  e. ___ Employment Service Organization
   f. ___ other (specify) ________________

Please circle the appropriate rating for the questions below.

8. Training program matches learning objectives.
   Comment:

   1 2 3 4 5
   Poor  Excellent

9. Overall organization of content.
   Comment:

   1 2 3 4 5
   Poor  Excellent
10. Training environment (set-up, temperature, etc.).
   Comment:

11. Appropriateness of the degree of difficulty of training content.
   Comment:

12. The use and adequacy of printed materials to support program content.
   Comment:

13. Overall relevance and usefulness of the training exercises.
   Comment:

14. The effectiveness of media used (films, overheads, etc.) to support and supplement the program content.
   Comment:

15. Overall rating of this training.
   Comment:

16. Instructors level of knowledge and preparedness.
   Comment:

17. Instructors ability to engage participants.
   Comment:

18. Availability of resources for future reference and follow-up.
   Comment:

19. I would prefer to get this information/training (check all that apply):
   ___ Face-to-Face  ___ Self-Instructional Manual  ___ Internet/Web-Based
   ___ Satellite Teleconference  ___ Audio (phone) Conference  ___ Listserv Posting
   ___ E-Mail Posting  ___ Other (specify)

20. List your top three training needs:
1. _____________________________________________
2. _____________________________________________
3. _____________________________________________

   Additional Comments:
List questions that you would like to have addressed.