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  
   b. ___ African-American  
   c. ___ Hispanic/Latino  
   d. ___ Caucasian  
   e. ___ Native American  
   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  
   b. ___ psychiatric disabilities  
   c. ___ brain injury  
   d. ___ physical disabilities  
   e. ___ other (specify) __________________________

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

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

7. What best describes your job title?
   a. ___ Rehabilitation Personnel  
   b. ___ Independent Living Center Personnel/Peer Counselor  
   c. ___ State Agency Personnel  
   d. ___ Protection and Advocacy 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: 
   Score: 1 2 3 4 5
   Poor Excellent

11. Appropriateness of the degree of difficulty of training content.
   Comment: 
   Score: 1 2 3 4 5
   Poor Excellent

12. The use and adequacy of printed materials to support program content.
   Comment: 
   Score: 1 2 3 4 5
   Poor Excellent

13. Overall relevance and usefulness of the training exercises.
   Comment: 
   Score: 1 2 3 4 5
   Poor Excellent

14. The effectiveness of media used (films, overheads, etc.) to support and supplement the program content.
   Comment: 
   Score: 1 2 3 4 5
   Poor Excellent

15. Overall rating of this training.
   Comment: 
   Score: 1 2 3 4 5
   Poor Excellent

16. Instructors level of knowledge and preparedness.
   Comment: 
   Score: 1 2 3 4 5
   Poor Excellent

17. Instructors ability to engage participants.
   Comment: 
   Score: 1 2 3 4 5
   Poor Excellent

18. Availability of resources for future reference and follow-up.
   Comment: 
   Score: 1 2 3 4 5
   Poor Excellent

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.