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 Services Organization
   f. ___ Other (specify) _________________________

Please circle the appropriate rating for the questions below.

8. Training program matches learning objectives. 1 2 3 4 5
   Comment: Poor Excellent

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

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

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

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

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

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

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

17. Instructors ability to engage participants.
   Comment:
   1 2 3 4 5
   Poor    Excellent
18. Availability of resources for future reference and follow-up. Comment:  

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. __________________________________________________
IF you are applying for **CRC** credit you MUST fill out your contact information and remember to check the box at the top of the first page.

Name: _______________________________

Phone Number: __________________________

Organization: _______________________________________

Mailing Address:
__________________________________________________
__________________________________________________
List questions that you would like to have addressed.