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: 

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:

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.