Appendix M

Training Evaluation Form
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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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</thead>
<tbody>
<tr>
<td>1. Gender</td>
<td>a. ___ female          b. ____ male</td>
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<tr>
<td>2. Primary racial/cultural background</td>
<td>a. ___ Asian-American   d. ___ Caucasian</td>
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<td></td>
<td>b. ___ African-American  e. ___ Native American</td>
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<td></td>
<td>c. ___ Hispanic/Latino    f. ___ Pacific Islander</td>
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<td>3. Do you yourself experience a disability?</td>
<td>a. ___ yes              b. ___ no</td>
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<td>4. The primary disability group served by you and your organization.</td>
<td>a. ___ mental retardation/   c. ___ brain injury</td>
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<td></td>
<td>b. ___ psychiatric disabilities   d. ___ physical disabilities</td>
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<td></td>
<td>e. ___ other (specify) ______________________</td>
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<tr>
<td>5. The highest educational degree you have obtained</td>
<td>a. ___ high school       d. ___ master’s degree</td>
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<tr>
<td></td>
<td>b. ___ associate’s degree  e. ___ doctoral</td>
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<td></td>
<td>c. ___ bachelor’s degree</td>
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<tr>
<td>6. The length of time you have been employed in your position</td>
<td>a. ___ less than 1 year    c. ___ over 3 years</td>
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<td></td>
<td>b. ___ one to 3 years     d. ___ not applicable</td>
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<tr>
<td>7. What best describes your job title?</td>
<td>a. ___ Rehabilitation Personnel d. ___ Protection and Advocacy Personnel</td>
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<td></td>
<td>b. ___ Independent Living Center e. ___ Employment Service Organization</td>
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<td>c. ___ State Agency Personnel f. ___ other (specify) __________________</td>
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<td>Please circle the appropriate rating for the questions below.</td>
<td>1</td>
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<tr>
<td>8. Training program matches learning objectives.</td>
<td>Poor</td>
</tr>
<tr>
<td>Comment:</td>
<td>1</td>
</tr>
<tr>
<td>9. Overall organization of content.</td>
<td>Poor</td>
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</tbody>
</table>
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
   ___ Satellite Teleconference
   ___ Audio (phone) Conference
   ___ E-Mail Posting
   ___ Internet/Web-Based
   ___ Listserv 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: __________________________________________________________
Question/Answer Sheet

List questions that you would like to have addressed.

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