



Training Effectiveness Evaluation Form

Date: _____

Course Title: _____

Name: _____

Trainer: _____

(Optional)

How would you rate the overall quality of this instruction?	Excellent	Good	Fair	Poor
How well did the presenter state the objectives?	Excellent	Good	Fair	Poor
How well did the presenter keep the session alive and interesting?	Excellent	Good	Fair	Poor
What is your overall rating of the presenter?	Excellent	Good	Fair	Poor
How well did this program accommodate your background and needs?	Excellent	Good	Fair	Poor
How effective were the handouts?	Excellent	Good	Fair	Poor
How convenient was the location?	Excellent	Good	Fair	Poor

What was the most interesting thing you learned in this course?

What was the least interesting thing you learned in this course?

Was the length of the presentation sufficient for the topic? (Explain)

What would have made the session more effective?

The knowledge and skills I gained from this program will be useful in my job? Yes No

If YES, then list one item from the training that you are going to implement or review when you return to work.

What other training sessions would you like NYSID to provide?

Additional Comments:

**Please complete and return to Nadina P. Chavez: nchavez@nysid.org
or fax to 518-455-0340**