

Training Evaluation Form

For Online/Distance Learning and Hybrid Training



Thank you for volunteering to complete a training evaluation. Your feedback will help improve the quality of training offered to early care and education professionals across Georgia. If you would like to speak in more detail about a training, please contact Georgia Training Approval at (866) 425-0220.

Title of Training:

Training Code:

Name of Trainer:

Trainer Code:

This training was: Web-based/online Distance Learning (DVD, CD) Hybrid (online and face-to-face)

Date Began:

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
1. The training was well-organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The trainer followed the syllabus/agenda provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The trainer was accessible during the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The trainer provided timely feedback to questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The trainer provided opportunities to engage in self-reflection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The trainer encouraged participant interaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The quality of the training met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The training was sensitive to the needs of the participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The activities covered will be useful in my daily work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The content covered will be useful in my daily work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The training kept me engaged and interested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The activities and assignments were relevant to the training content and learning objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The training contributes to my educational, professional, and/or personal development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Please explain any "Strongly Disagree" or "Disagree" responses.					
15. What will you do differently as a result of this training?					
16. If you could make one change to improve this training, what would it be?					
17. Is there anything else you would like to tell us about the training?					
18. OVERALL, how would you rate this training? <input type="checkbox"/> Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good					

Email this form to TrainingApproval@georgiacenter.uga.edu, fax to (706) 583-0788, or mail to:
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