# Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Evaluation Form

for *participants* in Iowa ESL Regional Trainings

# Title and location of training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:** Please indicate your level of agreement with the statements listed below in #1‐11.

Strongly Agree

Agree Neutral Disagree

Strongly Disagree

1. The objectives of the training were clearly defined.

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1. Participation and interaction were encouraged.
2. The topics covered were relevant to me.
3. The content was organized and easy to follow.

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1. The materials distributed were helpful.
2. This training experience will be useful in my work.
3. The trainer was knowledgeable about the training topics.
4. The trainer was well prepared.

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1. The training objectives were met.
2. The time allotted for the training was sufficient.
3. The meeting room and facilities were adequate and comfortable.

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(*More questions on back* )

1. What did you like most about this training?
2. What aspects of the training could be improved?
3. How do you hope to change your practice as a result of this training?
4. What additional adult ESL trainings would you like to have in the future?
5. Please share other comments or expand on previous responses here:

# Thank you for your feedback!