

DD Office of Quality Enhancement Training Evaluation Form	
Title:	Location:
Date:	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.	0	0	0	0	0
2. Participation and interaction were encouraged.	0	0	0	0	0
3. The topics covered were relevant to me.	0	0	0	0	0
4. The content was organized and easy to follow.	0	0	0	0	0
5. The materials distributed were helpful.	0	0	0	0	0
6. This training experience will be useful in my work.	0	0	0	0	0
7. The trainer was knowledgeable about the training topics.	0	0	0	0	0
8. The trainer was well prepared.	0	0	0	0	0
9. The training objectives were met.	0	0	0	0	0
10. The time allotted for the training was sufficient.	0	0	0	0	0
11. The meeting room and facilities were adequate and comfortable.	0	0	0	0	0

12. What did you like most about this training?

13. What aspects of the training could be improved?

14. How do you hope to change your practice as a result of this training?

15. What additional trainings would you like to have in the future?

16. Please share your comments here:

**Please complete performance feedback for Trainer(s) within five (5) business days of training session and email completed form to the ADMH/DD Director of Quality Enhancement, Dr. Teresa McCall at [teresa.mccall@mh.alabama.gov](mailto:teresa.mccall@mh.alabama.gov). If you have concerns during or after the training, please contact her via email.**

Thank you for your feedback!