



# 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 Hope for NH Recovery to provide?

Additional Comments:

Please complete and return to Hope for NH Recovery Staff