Date_____

Professional Development/Training Evaluation Form

Please complete this form and return to the evaluation box immediately following any training or workshop. The agency needs comments to assess training events and plan future training events.

1. Please write all comments inside the comment boxes (or separately, if lengthy).

2. Please check **ONE** box that best describes your position:

- ❑ Teaching Staff
- ❑ Clerical
- ❑ Administration
- ❑ Transportation
- ❑ Satellite
- ❑ Family Outreach Workers
- ❑ Family Service Staff
- ❑ Nutrition Services
- ❑ Fiscal Department
- ❑ Early Head Start
- ❑ Other: _____

3. Please rate the following on a scale of 1 to 4.
(4=Excellent 3=Good 2=Fair 1=Needs Improvement or Revision)
If a question does not apply, please respond with N/A

Topic #1: _____Presenter: _____

1)	The topic was thoroughly covered.	4	3	2	1	N/A
2)	The topic was pertinent to licensing requirements and/or performance standards	4	3	2	1	N/A
3)	Quality materials and handouts were used.	4	3	2	1	N/A
4)	The length of the presentation was appropriate.	4	3	2	1	N/A
5)	The topic was presented with clarity.	4	3	2	1	N/A

Comments:_____