

PARTICIPANT WORKSHOP SURVEY



Trainer(s) Name:	
Training Title:	
Training Date:	

Dear Participant. In order to help ensure the quality of training, your comments would be most appreciated. Circle the appropriate number that corresponds to the question. There is a space provided if you have specific comments. Comments certainly are welcome. Please note the following key:

- 2: Most or Usually
- 1: Some or Sometimes
- 0: None or Never

Was the trainer knowledgeable in the content presented?	2	1	0	Comment:
Was the content current and relevant to your work?	2	1	0	Comment:
Did the objectives of the training meet your needs?	2	1	0	Comment:
Can you easily apply in your workplace what you learned in this training?	2	1	0	Comment:
Did the group problem solving around possible barriers to applying in your workplace what you learned in this training?	2	1	0	Comment:

<p>Were you given the opportunity to actively participate in the learning experience? (place a check in the appropriate column)</p> <p>a. to practice new skills</p> <p>b. to reflect</p> <p>c. to share experiences/ideas</p> <p>d. to receive feedback</p> <p>e. to discuss application of content in the workplace</p>	2	1	0	Comment:
<p>Did you feel motivated and energized to learn?</p>	2	1	0	Comment:
<p>Did you find the trainer to be:</p> <p>a. organized</p> <p>b. engaging</p> <p>c. respectful</p> <p>d. flexible</p>	2	1	0	Comment: