# Hand_Print_green%20cropParticipant Feedback Form



To better serve you during future trainings such as this, please complete the evaluation below. Your input is important. We may contact you to ask a few further questions about your experiences at the Institution’s Name and Type of Exercise.

 **Contact Information** (optional)

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| Name: |  |
| Title |  |
| Organization: |  |
| Email: |  |
| Phone: |  |
| Please check off if you are a:  | [ ]  Participant  | [ ]  Observer  |

## Hand_Print_green%20crop Part I: Please provide us feedback on the material covered in today’s type of exercise.

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|  | Please circle **only one** response. |
| **How would you rate…** | **Unsatisfactory** | **Poor** | **Fair** | **Good** | **Excellent** |
| The usefulness of the material provided? | **1** | **2** | **3** | **4** | **5** |
| The completeness of the material? | **1** | **2** | **3** | **4** | **5** |
| The overall value of today’s type of exercise? | **1** | **2** | **3** | **4** | **5** |

To help clarify your answers above, what would you change about the **material** of today’s type of exercise?

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## Hand_Print_green%20crop Part II: Please provide us feedback on the presentation of today’s type of exercise.

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|  | Please circle **only one** response. |
| **How would you rate…** | **Unsatisfactory** | **Poor** | **Fair** | **Good** | **Excellent** |
| The clarity of the learning objectives? | **1** | **2** | **3** | **4** | **5** |
| The effectiveness of the PowerPoint presentation? | **1** | **2** | **3** | **4** | **5** |
| How well you could see the presentation? | **1** | **2** | **3** | **4** | **5** |
| The helpfulness of the type of exercise handouts? | **1** | **2** | **3** | **4** | **5** |
| The effectiveness of the question and answer session? | **1** | **2** | **3** | **4** | **5** |
| How well the presentation prepared you to use the material on the job? | **1** | **2** | **3** | **4** | **5** |
| The length of the type of exercise? | **1** | **2** | **3** | **4** | **5** |
| The amount of time spent on each topic? | **1** | **2** | **3** | **4** | **5** |
| The number of breaks during the session? | **1** | **2** | **3** | **4** | **5** |

To help clarify your answers above, what would you change about the **presentation** of today’s type of exercise?

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## Hand_Print_green%20crop Part III: Please provide us feedback on your expectations and presentation for today’s type of exercise.

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|  | Please circle **only one** response. |
| **How would you rate…** | **Unsatisfactory** | **Poor** | **Fair** | **Good** | **Excellent** |
| What you were expecting compared to what was provided? | **1** | **2** | **3** | **4** | **5** |
| The depth of the type of exercise? | **1** | **2** | **3** | **4** | **5** |
| Your preparation and background knowledge of the topic? | **1** | **2** | **3** | **4** | **5** |

To help clarify your answers above, what should we do to better **prepare you or meet your expectations** for future training?

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## Hand_Print_green%20crop Part IV: Please provide us feedback on the facilitator for today’s type of exercise.

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|  | Please circle **only one** response. |
| **How would you rate…** | **Unsatisfactory** | **Poor** | **Fair** | **Good** | **Excellent** |
| The facilitator’s delivery style? | **1** | **2** | **3** | **4** | **5** |
| The facilitator’s pace? | **1** | **2** | **3** | **4** | **5** |
| How well you could hear the facilitator? | **1** | **2** | **3** | **4** | **5** |
| The facilitator’s effectiveness in using discussion? | **1** | **2** | **3** | **4** | **5** |
| The facilitator’s understanding of the material? | **1** | **2** | **3** | **4** | **5** |
| The facilitator’s ability to answer your questions? | **1** | **2** | **3** | **4** | **5** |
| The facilitator’s handling of audio-visual equipment? | **1** | **2** | **3** | **4** | **5** |

What recommendations can you provide the **facilitator** to clarify your answers to the above?

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## Hand_Print_green%20crop Part V: Please provide us feedback on the facility used for today’s type of exercise and refreshments.

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|  | Please circle **only one** response. |
| **How would you rate…** | **Unsatisfactory** | **Poor** | **Fair** | **Good** | **Excellent** |
| The lighting? | **1** | **2** | **3** | **4** | **5** |
| The temperature? | **1** | **2** | **3** | **4** | **5** |
| The arrangement of the seating? | **1** | **2** | **3** | **4** | **5** |

What recommendations can you provide regarding the tabletop **facility** to clarify your answers to the above?

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