**Eastern Suffolk BOCES**

Educational Services That Transform Lives

# Training Evaluation

**Class:** _____ **Date:** _____

**Student Management System:** _____

Thank you for attending our recent training class. We would like to know your impression of the various aspects of the training you received today so we can continually improve the experience for all attendees.
Please take a moment to fill out this survey and hand in to your instructor at the end of class.

**1. Overall, how would you rate the training class?**  ○Excellent  ○Good  ○Fair  ○Poor

| **2. Please rate the following aspects of the trainer** | Excellent | Good | Fair | Poor |
|---|:---:|:---:|:---:|:---:|
| Did your trainer have a thorough grasp of the subject? | ○ | ○ | ○ | ○ |
| Did your trainer answer all questions posed with clarity ? | ○ | ○ | ○ | ○ |
| Was your trainer prepared for class? | ○ | ○ | ○ | ○ |
| Did your trainer have a professional demeanor? | ○ | ○ | ○ | ○ |
| How would you rate the overall skills of the trainer? | ○ | ○ | ○ | ○ |

| **3. Please rate the following aspects of the class** | Excellent | Good | Fair | Poor |
|---|:---:|:---:|:---:|:---:|
| Did the class meet your expectations? | ○ | ○ | ○ | ○ |
| Was the level of instruction appropriate? | ○ | ○ | ○ | ○ |
| Was the length of this class appropriate? | ○ | ○ | ○ | ○ |
| Did the class begin on time? | ○ | ○ | ○ | ○ |
| Was all of the equipment working properly? | ○ | ○ | ○ | ○ |
| Did the trainer provide adequate materials/handouts? | ○ | ○ | ○ | ○ |
| How would you rate the materials/handouts? | ○ | ○ | ○ | ○ |

**4. Are you now prepared to apply what you learned today to your work-related responsibilities?** _____
   **If not, why?**

**5. Please provide any suggestions or comments to help us improve future training.**

**Name (optional)** _____ **District** _____
If you wish to add additional comments confidentially, please email screamer@esboces.org.  Your
comments and opinion are important to us!  Thank you.

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