

OKLAHOMA ASSISTIVE TECHNOLOGY CENTER
& OKLAHOMA STATE DEPARTMENT OF EDUCATION



AT PROGRAM FOR OKLAHOMA PUBLIC SCHOOLS

Training/Activity Evaluation Form

Training Title: Date:

Presenters:

Location of Training:

Participant's Position: _____

No. of Years in Education: _____

Please read each statement and circle the response that best describes your feelings:

Trainer:

1. The Trainers' overall performance was:
Excellent Good Fair Poor Unacceptable
2. The Trainers' knowledge of the subject matter was:
Excellent Good Fair Poor Unacceptable
3. The Trainers' encouragement of group participation was:
Excellent Good Fair Poor Unacceptable
4. The Trainers' application of material to relevant situations was:
Excellent Good Fair Poor Unacceptable

Comments (If more than one trainer, please make comments specific to the trainer): _____

Materials and Activities:

5. The degree to which materials were beneficial and aided training:
Excellent Good Fair Poor Unacceptable

(CONTINUED ON BACK)

Materials and Activities (continued):

6. The degree to which activities provided additional opportunities for learning and application:

Excellent Good Fair Poor Unacceptable

Comments:

Setting:

7. The degree to which the workshop setting aided your learning:

Excellent Good Fair Poor Unacceptable

Comments:

Overall:

8. I feel I can use the information presented in my work: Yes No

9. Overall rating of the training:

Excellent Good Fair Poor Unacceptable

10. I would recommend this workshop to others:

Definitely Yes Maybe No Never

11. What features of this training were the most helpful to you? _____

12. How could this training have been more helpful to you? _____

13. What other topics would you like to have presented in future trainings? _____

Additional Comments or Suggestions: