

**PARTICIPANT REACTION QUESTIONNAIRE**

**Training Title:**

**Date:**

Please COMPLETELY DARKEN the circle corresponding to your answer. A dark pen will produce the best results. All information entered on this form is anonymous and confidential. **Shade circles like this: ●**

	Very Low	Low	Average	High	Very High
• Trainer(s)/Presenter(s) were knowledgeable about content.	<input type="radio"/>				
• Trainer(s)/Presenter(s) were prepared and organized.	<input type="radio"/>				
• Trainer(s)/Presenter(s) taught effectively.	<input type="radio"/>				
• Trainer(s)/Presenter(s) were responsive to participants.	<input type="radio"/>				
• Content supported my job duties.	<input type="radio"/>				
• Materials were useful and available for on-going use.	<input type="radio"/>				
• Stated objectives were achieved.	<input type="radio"/>				
• This event helped me improve knowledge, skills or abilities.	<input type="radio"/>				
• Overall rating for the event.	<input type="radio"/>				
	Very Low	Low	Undecided	High	Very High
• My supervisor encourages use of the skills taught.	<input type="radio"/>				

What features of the event were most helpful?

**Enter County Code:**

0

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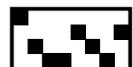
9

What features of the event could be improved?

What other topics would you like to see offered?

*Thank You!*

8848



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