



New Mexico Recovery Project Training Evaluation

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

Dear Participant: We strive to deliver quality programs that meet your educational needs. The purpose of this survey is to gather information to help us improve your experience and education. Your feedback will be taken into consideration when planning future continuing education events.

Please return your completed evaluation form as you leave.

Please check the appropriate column when using the following codes to answer the items below.

0= N/A

1=Strongly Disagree

2=Disagree

3=Neutral

4=Agree

5=Strongly Agree

0 1 2 3 4 5

Please rate the following statements about today's learning activity:

The overall quality of the training met my expectations						
The trainer(s) was/were knowledgeable of and had expertise in the topic						
The format of the training was effective (onsite, video, online, etc.)						
The teaching methods used were effective (audio/visual aids, polls, etc.)						
The exercises and/or activities used were effective						
The materials and handouts were useful to my understanding						
The trainer(s) responded to participants' questions						
I felt comfortable asking questions						
The concepts and materials presented are relevant to my work						
This session has prepared me to apply the concepts presented to my work						
I plan to implement one new idea/intervention from what I learned today within the next three months						
Registration was an easy process						
I liked the venue/location of the training						
I would recommend this training to colleagues						
I will use the following concepts (presented today) in my work:						

Rate whether the training was better or worse than you expected.

Much worse	Somewhat worse	About what was expected	Somewhat better	Much better
------------	----------------	-------------------------	-----------------	-------------

Rate your overall satisfaction with the training.

Extremely dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Extremely satisfied
------------------------	--------------	------------------------------------	-----------	---------------------

Which exercises during the training were most memorable/useful to you? _____

Is there anything you would change about the training or any other comments you wish to share? _____