

Service Team Training Evaluation

Position: _____

Date: _____

Please rate the following based on a scale of 1-5. Rating of 1 = Poor, 5=Excellent

Item	Rating
Facility (if applicable)	
Facilitator	
Length of Session	
Methods Used (handouts, webinar, posters, interaction)	
Learning Objectives reviewed by facilitator	
Content Covered	

Please use the same rating scale to reflect how well you feel the learning objectives were met.

Learning Objectives	Rating
Position Description explained	
Use of forms, resources, training opportunities	
Support system in place for the position	
Role of the position within the Service Unit/Service Team	

If you rated anything less than a 3, please explain below:

What was the highlight of the session for you?

What, if anything, do you feel should be deleted or added to this training?

Demographic Information (required for continued United Way funding-please circle all that apply):	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Ethnic Origin:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> Other _____ <input type="checkbox"/> Hispanic/Latino
Positions Held:	<input type="checkbox"/> Troop Leader <input type="checkbox"/> Assistant Leader <input type="checkbox"/> Organizer <input type="checkbox"/> Consultant <input type="checkbox"/> Service Unit Manager <input type="checkbox"/> Service Team Member (specify): _____ <input type="checkbox"/> Other: _____

If you'd like to be contacted, please provide your information below:

Name: _____ Phone: _____

E-Mail: _____

