

Name (optional): _____

Course Taken: _____

Post Training Evaluation Form **Staff Development Committee**

Please take a few minutes to thoughtfully answer these questions in regard to your recently completed professional development course. Your assistance in this matter is greatly appreciated.

1. What was your purpose/objective in taking this course? Was this purpose/objective met? Why or why not?

2. Would you recommend this course to a co-worker? Why or why not?

3. Do you feel as if this course will be beneficial to you in the work that you perform? Why or why not?

4. What did you like most about this course?

5. What did you like least about this course?

6. In the future, what things would you like to see changed about this course?

7. Any additional comments or suggestions?