

SBCTC-IT

TRAINING ASSESSMENT FORM

Please take a few minutes to complete this form. Your views are very important to us and will assist us in planning future training sessions. We will use the information collected on this form to determine the effectiveness of the training session and associated materials.

Class Title: _____ Date: _____

Instructor: _____

Your Name (optional): _____

College: _____ Your Position: _____

Class Content	Response	Comments
1. Did the class announcement adequately describe the objectives of the class?	Yes No	If no, what's missing?
2. Did the training meet the stated objectives as presented at the beginning of the class?	Yes No	If no, what's missing?
3. Did the handouts/manual suit the objectives of the class?	Yes No	If no, what's missing?
4. Was the overall training subject adequately covered?	Yes No	If no, what's missing?
5. Were the class exercises useful?	Yes No	If no, what's missing?

Side 1 of 2

Please turn form over and complete other side.

Use the following scale to rate instructor attributes and training materials. Circle the appropriate rating for each corresponding question.

5=Very Much 4=Adequate 3=Somewhat 2=Not Much 1=Not At All

Instructor and Materials		Comments
1. Was the instructor enthusiastic and confident?	5 4 3 2 1	
2. Was the instructor knowledgeable about the subject matter of the class?	5 4 3 2 1	
3. Did the instructor present the material clearly and understandably?	5 4 3 2 1	
4. Did the instructor adhere to the stated objectives of the class?	5 4 3 2 1	
5. Did the instructor respond adequately to students' questions?	5 4 3 2 1	
6. Were the class materials clearly written and understandable?	5 4 3 2 1	
7. Did the class provide information that can be applied to your work?	5 4 3 2 1	

Additional comments or suggestions:
