**TRAINING EVALUATION FORM**

**General Information:**

Course Title: Course Date:

**Do you represent your**: \_\_\_\_\_\_\_\_ Tribe\_\_\_\_\_\_\_ TDHE \_\_\_\_\_\_\_\_ ONAP \_\_\_\_\_\_\_\_\_ Other

**The Course (Check Box) Excellent Good Fair Poor N/A**

* Objectives were Achieved
* Subject Matter was well Organized
* Materials were Suitable (handouts, audio/visuals, etc.)
* Length of Course  Appropriate  Too short  Too long
* Level of Difficulty  Appropriate  Too elementary  Too advanced

**The Instructor/Facilitator** **(Check Box) Excellent Good Fair Poor N/A**

* Subject Matter was well Organized
* Effectively kept Discussions Focused on Relevant Topics
* Created a Positive Environment
* Was Prepared and Organized

**The Facilities (Check Box) Excellent Good Fair Poor N/A**

* Facilities were Conducive to Learning

(temperature, size, layout, location)

**Overall Evaluation of the Course (Check Box)**  **Excellent Good Fair Poor N/A**

**Your Knowledge/Skill Level**

**of the Subject Matter (Check Box) Excellent Good Fair Poor N/A**

* Knowledge/Skill Level Before Course
* Knowledge/Skill Level After Course
* Content was Relevant to my Job

**Comments and Suggestions**:

* Suggestions to improve training:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What future training would be most beneficial to you?

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* Comments:

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**TECHNICAL ASSISTANCE EVALUATION FORM**

**General Information:**

Technical Assistance Title:

Delivery Date:

**Do you represent your**: \_\_\_\_\_\_\_\_ Tribe\_\_\_\_\_\_\_ TDHE \_\_\_\_\_\_\_\_ ONAP \_\_\_\_\_\_\_\_\_ Other

**Technical Assistance (Check Box) Excellent Good Fair Poor N/A**

* Objectives were Achieved
* Subject Matter was well Organized
* Materials were Suitable (handouts, etc.)
* Length of Assistance  Appropriate  Too short  Too long

**Assistance Provider** **(Check Box) Excellent Good Fair Poor N/A**

* Subject Matter was well Organized
* Effectively kept Discussions Focused on Relevant Topics
* Created a Positive Environment
* Was Prepared and Organized

**Overall Evaluation of the Assistance (Check Box)**  **Excellent Good Fair Poor N/A**

**Your Knowledge/Skill Level**

**of the Subject Matter (Check Box) Excellent Good Fair Poor N/A**

1. Knowledge/Skill Level Before Assistance
2. Knowledge/Skill Level After Assistance
3. Content was Relevant to my Job

**Comments and Suggestions**:

* Suggestions to improve technical assistance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What future technical assistance would be most beneficial to you?

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* Comments:

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