

Trainer Report – Course Session

Please refer to the Trainer Toolkit for details on submission of this document and its accompanying Training Satisfaction Surveys and Registration/Attendance Sheet.

| | | | | | | | |
|--|---|--------------------------|-----------------|---|--------------|-----------------------|-----|
| Workshop title: | | | | | | | |
| Location: | | | | | | Date(s): | |
| Trainers: | | | | | | | |
| # of participants registered (LMS) | | | | # of participants attending | | | |
| # of walk-ins | | | | # of Training Satisfaction Surveys | | | |
| # of no-shows | | | | | | | |
| Please rank the following items on the scale of 1-5 by circling the appropriate number. | | | | | | | |
| | | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | |
| 1 | Participants met the audience criteria identified in the training announcement. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2 | The training space was appropriate for this training program. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3 | The exercises and activities were appropriate for this audience. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4 | Audience reaction to the training class was positive. | 1 | 2 | 3 | 4 | 5 | N/A |
| 5 | This class session achieved the goals of the training program. | 1 | 2 | 3 | 4 | 5 | N/A |
| Please provide comments on the following: | | | | | | | |
| 6 | What additional topics (beyond the scope of course) did participants address/discuss? | | | | | | |
| 7 | What recommendations do you have for additional training topics, based on this session? | | | | | | |
| 8 | Which activity was most successful? | | | | | | |
| 9 | Which activity was least successful? | | | | | | |
| 10 | Other comments on the course session (including comments on questions #1-5): | | | | | | |

Trainer Report – Logistics

Complete this page if the training was conducted at a site other than a Regional Training Facility (RTF) location.

| Workshop title: | | | | | | | | | | | | | |
|--|--|------------|---|---|---|---|----|--------------|---|---|---|---|----|
| Training site: | | | | | | | | Date: | | | | | |
| <p>On a scale of 1 – 5 (1 being the lowest, 5 the highest), please rate the importance and quality of the following factors in the training session by circling the appropriate number.</p> <p>When rating importance, please consider the factor's importance to the success of the training session; when rating quality, please consider the quality of the factor for this training session.</p> | | | | | | | | | | | | | |
| Factor | | Importance | | | | | | Quality | | | | | |
| 1 | Site location | 1 | 2 | 3 | 4 | 5 | NA | 1 | 2 | 3 | 4 | 5 | NA |
| Comments: | | | | | | | | | | | | | |
| 2 | Parking | 1 | 2 | 3 | 4 | 5 | NA | 1 | 2 | 3 | 4 | 5 | NA |
| Comments: | | | | | | | | | | | | | |
| 3 | Access to restaurants/food | 1 | 2 | 3 | 4 | 5 | NA | 1 | 2 | 3 | 4 | 5 | NA |
| Comments: | | | | | | | | | | | | | |
| 4 | Lodging/accommodations | 1 | 2 | 3 | 4 | 5 | NA | 1 | 2 | 3 | 4 | 5 | NA |
| Comments: | | | | | | | | | | | | | |
| 5 | Site staff support | 1 | 2 | 3 | 4 | 5 | NA | 1 | 2 | 3 | 4 | 5 | NA |
| Comments: | | | | | | | | | | | | | |
| 6 | Room set-up | 1 | 2 | 3 | 4 | 5 | NA | 1 | 2 | 3 | 4 | 5 | NA |
| Comments: | | | | | | | | | | | | | |
| 7 | Equipment -- supplies | 1 | 2 | 3 | 4 | 5 | NA | 1 | 2 | 3 | 4 | 5 | NA |
| Comments: | | | | | | | | | | | | | |
| 8 | Equipment -- functionality | 1 | 2 | 3 | 4 | 5 | NA | 1 | 2 | 3 | 4 | 5 | NA |
| Comments: | | | | | | | | | | | | | |
| 9 | Additional comments regarding logistical elements of the session: | | | | | | | | | | | | |
| | | | | | | | | | | | | | |