**Training Evaluation**

Title and Location of Training

Date of Training

Name of Facilitator

Was the Facilitator Internal to PCCLD or an outside Facilitator or Group?

**Instructions: Please list your level of agreement with the statements listed below:**

 Strongly Strongly

 Agree Agree Neutral Disagree Disagree

The objectives of the training

were clearly defined

Participation and interaction were

encouraged

The topics covered were relevant

to me

The content was organized and easy

to follow

The materials distributed were helpful

This training experience will be useful

in my work

The trainer was knowledgeable about

the training topic(s)

The training objectives were met

**Additional Comments:**

If this training was external to PCCLD, do you think that this facilitator would serve as a good speaker or facilitator for a PCCLD staff day or other event?

What did you like most about this training?

What aspects of the training could be improved?

What did you learn?

How will you apply what you’ve learned to your work?

What might you want to share with all employees at All-Staff Development Day, with your team at a department meeting, or at a Public Service Manager meeting?

What additional trainings of this type would you like to see in the future?

Please share other comments or expand upon previous comments.

 ***Thank You for your Feedback!***