

THE BELLE PROJECT

CLE TRAINING SESSION

Institution: _____

Training Session Title: _____

Date of Session: _____ Time: _____

EVALUATION FORM

I understand I will be asked to complete this Evaluation Form for each Training Session. I understand that completing this Evaluation Form implies my consent.

Rate the following items on this scale:

strongly disagree disagree neutral agree strongly agree

PRESENTER

- | | | | | | |
|---|---|---|---|---|---|
| 1) The presenter demonstrated a thorough knowledge of the content area. | 1 | 2 | 3 | 4 | 5 |
| 2) The pace of delivery was acceptable. | 1 | 2 | 3 | 4 | 5 |
| 3) The ideas were presented clearly. | 1 | 2 | 3 | 4 | 5 |
| 4) The audiovisuals enhanced my learning. | 1 | 2 | 3 | 4 | 5 |

ADMINISTRATION

- | | | | | | |
|--|---|---|---|---|---|
| 5) This session was well organized. | 1 | 2 | 3 | 4 | 5 |
| 6) The notice I received of this Training Session provided all the information I needed to plan my attendance. | 1 | 2 | 3 | 4 | 5 |

PHYSICAL FACILITY

- | | | | | | |
|---|---|---|---|---|---|
| 7) The facility's environment enhanced my learning. | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Please turn to page 2.

	strongly disagree	disagree	neutral	agree	strongly agree
8) The technical set up was effective.	1	2	3	4	5
9) Trouble shooting of equipment, if any, was efficient.	1	2	3	4	5

APPLICATION OF KNOWLEDGE

10) The information I learned from this session will help me improve my skills. 1 2 3 4 5

11) Describe HOW you will apply the knowledge (skills) learned from this training session to your practice:

12) What recommendations would you make for improving this training session?

13) I will attend another training session in the future (circle one). YES NO

14) Suggestions for other topics and/or speakers:

ADDITIONAL COMMENTS

**Upon completion, please fax this form to (403) 282-0838.
Thank you for participating!**