

## Program Evaluation

PROGRAM TITLE \_\_\_\_\_ DATE \_\_\_\_\_

INSTRUCTOR: Vicki Hess

PLEASE TAKE A FEW MINUTES TO ANSWER THE FOLLOWING QUESTIONS ABOUT TODAY'S TRAINING.  
YOUR THOUGHTS ARE VERY VALUABLE.

	Excel- lent	Very Good	Good	Fair	Poor
	5	4	3	2	1
Describe your overall satisfaction with today's program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

\_\_\_\_\_

	5	4	3	2	1
How would you rate the usefulness of the content presented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

\_\_\_\_\_

	5	4	3	2	1
How would you rate the effectiveness of today's presenter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

\_\_\_\_\_

How will this information help you? \_\_\_\_\_

What would you have liked to hear more about? \_\_\_\_\_

What would you have liked to hear less about? \_\_\_\_\_

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***Thank you very much for your feedback!***

