

## Training Evaluation

Please assist us by completing this evaluation form prior to leaving. Thank you.

TRAINING: **Intimate Partner Sexual Violence**

1. Please rate the training on a scale of 1-5 (1 is poor, 5 is excellent):

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Overall Quality of the Training                       | 1 | 2 | 3 | 4 | 5 |
| Clarity and Information Content of Presentation       | 1 | 2 | 3 | 4 | 5 |
| Trainer's Demonstrated Knowledge of the Topic         | 1 | 2 | 3 | 4 | 5 |
| Trainer's Responsiveness to Questions                 | 1 | 2 | 3 | 4 | 5 |
| Degree to which Training Objectives Were Met          | 1 | 2 | 3 | 4 | 5 |
| Enhancement of Your understanding of Topic            | 1 | 2 | 3 | 4 | 5 |
| Effectiveness of Audiovisual Materials                | 1 | 2 | 3 | 4 | 5 |
| Pace of the Training; Time Frame for Material Covered | 1 | 2 | 3 | 4 | 5 |

2. What aspect of this training was most valuable to you?

3. What was least valuable?

4. How could this training be improved? What additional information would you like to see covered if this training were offered again?

5. Please comment on the experience and skills of the trainer:

6. Any other comments about this training?

*Thank you!*