

# TRAINING EVALUATION

Course Title: \_\_\_\_\_ Hours: \_\_\_\_\_  
Training Contact: \_\_\_\_\_ Date: \_\_\_\_\_

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PLEASE RESPOND TO THE FOLLOWING QUESTIONS BY CHECKING THE MOST SUITABLE ANSWER.

1=STRONGLY AGREE    2=AGREE    3=NEUTRAL    4=DISAGREE    5=STRONGLY DISAGREE

## COURSE CONTENT

- A. The training met my expectations?     1     2     3     4     5  
Comments: \_\_\_\_\_
- B. The subject matter was appropriate?     1     2     3     4     5  
Comments: \_\_\_\_\_
- C. The length of the training was appropriate?     1     2     3     4     5  
Comments: \_\_\_\_\_
- D. The course outline was clear and organized?     1     2     3     4     5  
Comments: \_\_\_\_\_
- E. The instructions provided were easy to follow?     1     2     3     4     5  
Comments: \_\_\_\_\_
- F. The course material was beneficial to my position?     1     2     3     4     5  
Comments: \_\_\_\_\_
- G. Continue receiving my annual training in this format?     1     2     3     4     5  
Comments: \_\_\_\_\_

## PERSONAL INPUT

What I would like to see improved is:

General Comments:

Name (Optional) \_\_\_\_\_ Phone (Optional) \_\_\_\_\_

Complaints about provider of workshop content may be directed to the TCB Standards Committee;  
401 Ranch Road 620 South, Suite 310; Austin, Texas 78734; Fax (888) 506-8123.