**Training Evaluation Form** for *participants* in Iowa ESL Regional Trainings

Date:						
Title and location of training:						
Trainer:						
Instructions: Please indicate your level of ag	greement w	ith the s	tatements	listed belov	v in #1-11.	
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
1. The objectives of the training were clearly defined.	0	0	0	0	0	
2. Participation and interaction were encouraged.	0	0	0	0	0	
3. The topics covered were relevant to me.	0	0	0	0	0	
4. The content was organized and easy to follow.	0	0	0	0	0	
5. The materials distributed were helpful.	0	0	0	0	0	
6. This training experience will be useful in my work.	0	0	0	0	0	
7. The trainer was knowledgeable about the training topics.	0	0	0	0	0	
8. The trainer was well prepared.	0	0	0	0	0	
9. The training objectives were met.	0	0	0	0	•	
10. The time allotted for the training was sufficient.	0	0	0	0	0	
11. The meeting room and facilities were adequate and comfortable.	0	0	0	0	0	

(More questions on back  $\rightarrow$ )

12. What did you like most about this training?
13. What aspects of the training could be improved?
14. How do you hope to change your practice as a result of this training?
15. What additional adult ESL trainings would you like to have in the future?
16. Please share other comments or expand on previous responses here: