**TRAINING EVALUATION FORM**

**I am a**

* Area Supervisor
* Data collector
* Data entry personnel

Please indicate your impressions of the items listed below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| The training met my expectations. |  |  |  |  |  |
| I will be able to apply the knowledge learned. |  |  |  |  |  |
| The training objectives for each topic were identified and followed. |  |  |  |  |  |
| The content was organized and easy to follow. |  |  |  |  |  |
| The materials distributed were pertinent and useful. |  |  |  |  |  |
| The trainer was knowledgeable. |  |  |  |  |  |
| The quality of instruction was good. |  |  |  |  |  |
| The trainer met the training objectives. |  |  |  |  |  |
| Class participation and interaction were encouraged. |  |  |  |  |  |
| Adequate time was provided for questions and discussion. |  |  |  |  |  |

**What aspects of the training could be improved?**

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**Other comments?**

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