

**NAME:**

Training Evaluation Survey

<https://www.houstonisd.org//cms/module/selectsurvey/TakeSurvey.aspx?SurveyID=2015>

**PRESENTATION - MESSAGE**

Thank you for attending our recent training class. We would like to hear your impression of the various aspects of the training, so that we can continually improve the experience for all attendees. Questions prefixed with an \* are required.

**1. OPEN ENDED - ONE LINE**

First Name:

*(Required)*

**2. OPEN ENDED - ONE LINE**

Last Name:

*(Required)*

**3. OPEN ENDED - ONE LINE**

Email:

*(Required)*

*(Email Address)*

**4. CHOICE - ONE ANSWER (OPTION BUTTONS)**

Overall how would you rate the training class?

Excellent    Good    Neutral    Fair    Poor

**5. MATRIX - ONE ANSWER PER ROW (OPTION BUTTONS)**

Please rate the following aspects of the trainer.

Excellent    Good    Fair    Neutral    Poor

Did your trainer have a thorough grasp of the subject?

Did your trainer actively invite questions?

Did your trainer answer the question posed?

Was individual help provided when needed?

Was your trainer prepared for class?

Did your trainer have a professional demeanor?

Did the trainer provide time for follow-ups?

How would you rate the overall skills of the trainer?

**6. CHOICE - ONE ANSWER (OPTION BUTTONS)**

Please rate the following aspects of the training class.

Excellent    Good    Terrible

**7. CHOICE - YES/NO (Drop Down)**

Did this class meet your expectations?

**8. CHOICE - YES/NO**

*(Default Yes, Radio Buttons - Horizontal)*

Was the level of instruction appropriate?

**9. CHOICE - YES/NO (Radio Buttons - Vertical)**

Was the length appropriate?

**10. CHOICE - YES/NO**

Was all of the equipment working properly?

**11. CHOICE - ONE ANSWER (DROPDOWN)**

How would you rate the manuals?

Useful - Useless

**12. MATRIX - ONE ANSWER PER ROW (OPTION BUTTONS)**

Please rate the following aspects of the training organization

**ROW NAMES:**

Registration process

Scheduling and timing

Choice of facility/venue

Parking and directions

Refreshments

Cost and pricing

Excellent    Good    Fair    Neutral    Poor

**13. CHOICE - ONE ANSWER (OPION BUTTONS)**

Based on your experience at this training class, how likely are you to attend future training class with us?

Very likely

Somewhat likely

Not likely

**14. OPEN ENDED - COMMENTS BOX**

How did you hear about this training?

**15. OPEN ENDED - COMMENTS BOX**

What was your favorite part of the training?

**16. OPEN ENDED - COMMENTS BOX**

What was your least favorite part of the training?

**17. OPEN ENDED - COMMENTS BOX**

Any other suggestions or comments to help us improve future training classes?