

Please do not write in this area

Training course name:
Instructor name:
Date & location:
County volunteer works in:
Volunteer role:

What brings you to training?  
(mark all that apply)

- New volunteer
- Volunteer taking a refresher course
- Staff of a SHIBA sponsor
- Staff of a partner organization
- Regular Update Training
- Other: \_\_\_\_\_

Would you like someone to follow-up with you about your comments?

- Yes       No

Your name:
Phone number: (    )
E-mail:

### Quality of Instruction

1 = Poor .... 4 = Excellent  
(circle the score that best applies)

Planning and organization (followed written curriculum; well prepared; made good use of time)

1            2            3            4

Willingness to help; availability; answered questions

1            2            3            4

Communication

1            2            3            4

Encouraged interaction and participation (training included more practice than lecture)

1            2            3            4

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Quality of Course Materials

1 = Poor .... 4 = Excellent  
(circle the score that best applies)

Effectiveness of consumer publications

1            2            3            4

Effectiveness of course materials

1            2            3            4

The course content held my interest

1            2            3            4

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Value of Course

1 = Poor .... 4 = Excellent  
(circle the score that best applies)

I learned a lot in this course

1            2            3            4

I can apply what I've learned in my role as a volunteer

1            2            3            4

Please let us know two ways we could improve training:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Name one thing you learned in this training you can apply in your role as a volunteer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What topics would you like more training on?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

