

## LifeSkills Training Workshop TRAINER SELF-EVALUATION

Site Name:							
Trainer:			Da	te(s) of Training:			
**	*******	*****	******	*******	*******	*****	
1.	Was this training session (circle one):			Initial Training     Reinforcement			
2.	. How many people participated in the training?						
3.	Rate the overall quality of the training workshop (circle one).						
	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent		
4.	Rate the training specifically in terms of how well it prepared staff to implement the progra as designed (circle one).					rogram	
	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent		
5.	How many total hou	ırs were spe	nt in this trai	ning session? (Do	NOT include lunch)		
	The length of training	ng was (circle	e one):				
	1=	Too short	2=About	right 3=Too	ong		
6.	Were all areas or co	•	_	successfully com =Yes	oleted? (circle one)		
	If no, which areas were not covered?						
7.	Which areas of the	training, if ar	ıy, do you fe	el needed more co	verage time?		

Please complete information on other side ⇒

8.	Did the trainees show any resistance to the program? (circle one)					
	0= No 1=Yes					
	If so, what were the issues and how were they resolved?					
9.	What were the most valuable aspects of this training workshop?					
10.	What were the least valuable aspects of this training workshop?					
11.	Do you have any other comments or suggestions for improvements?					
12.	The CSPV grant supports 1-2 people per site to attend a TOT in order to help sustain the program after the grant has concluded. Who, if anyone, would you recommend as a Training of Trainers (TOT) candidate for this site?  Why would you recommend this person?					
****	**************************************					
Please return this form and the LST Training Attendance Log to your CSPV Project Manager:						
[Name, Address, Phone, Email, Fax]]						