LifeSkills Training Workshop
Trainee Evaluation Form

Training Date:	Site:
Trainer:	
Type of Training: ☐ Initial ☐ Reinforcement TA	
Program(s): ☐ MS only ☐ HS only ☐ MS and HS	

1. Rate training workshop quality in terms of:

	Poor	Fair	Good	Very Good	Excellent
Providing the information about LST that I needed	1	2	3	4	5
Presenting an overview and practice of useful teaching techniques	1	2	3	4	5
Providing a walk-through of the program/curriculum	1	2	3	4	5
Increasing understanding of the guidelines for fidelity-based implementation of the LST Program	1	2	3	4	5
Increasing confidence in my ability to implement the program	1	2	3	4	5

2. Rate the LST trainer in terms of his/her skill in the following:

	No Skill	Below Average	Average	Good	Very Proficient	N/A
Explaining the theory/research of LST	1	2	3	4	5	9
Modeling key teaching skills of facilitation, feedback, coaching, and behavioral rehearsal	1	2	3	4	5	
Responding to questions about curriculum and implementation	1	2	3	4	5	
Using or managing time well	1	2	3	4	5	
Creating comfort and engagement in the teaching environment	1	2	3	4	5	
Demonstrating knowledge about the LST Program	1	2	3	4	5	

3. Rate your satisfaction with the following:

	Not Satisfied	A Little Satisfied	Satisfied	Very Satisfied	Extremely Satisfied
The overall workshop	1	2	3	4	5
The trainer	1	2	3	4	5
The training materials	1	2	3	4	5

Please complete items on other side

4. What aspects of training do you feel were most valuable?

5. What aspects of training do you feel were least valuable?

6. The length of training was: ☐ 1 Too Short   ☐ 2 About Right   ☐ 3 Too Long

7. Which areas of the training, if any, do you feel needed more coverage time?

8. Was there a need for additional training that was not provided?   ☐ 0 No   ☐ 1 Yes

   If yes, describe your training needs:

9. Comments: