



LifeSkills Training Workshop TRAINER SELF-EVALUATION

Training Date:	Site:
Trainer:	
Type of Training: <input type="checkbox"/> Initial <input type="checkbox"/> Reinforcement TA	
Program(s): <input type="checkbox"/> MS only <input type="checkbox"/> HS only <input type="checkbox"/> MS and HS	

1. How many people participated in the training? _____

2. Rate the overall quality of the training workshop (*circle one*):

1 2 3 4 5
Poor Fair Good Very Good Excellent

3. Rate the training specifically in terms of how well it prepared staff to implement the program as designed (*circle one*):

1 2 3 4 5
Poor Fair Good Very Good Excellent

4. How many total hours were spent in this training session? (*Do NOT include lunch*) _____

4a. The length of training was (*circle one*):

1 2 3
Too short About right Too long

5. Were all areas or components of the training successfully completed? (*circle one*)

0 1
No Yes

5a. If no, which areas were not covered?

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

Please complete information on other side ⇒

7. Did the trainees show any resistance to the program? (*circle one*)

0 1
No Yes

7a. If so, what were the issues and how were they resolved?

8. What were the most valuable aspects of this training workshop?

9. What were the least valuable aspects of this training workshop?

10. Do you have any other comments or suggestions for improvements?

11. The CU Boulder grant supports 1-2 people per site to attend a TOT workshop in order to help sustain the program after the grant has concluded. Who, if anyone, would you recommend as a TOT candidate for this site?

Why would you recommend this person?

Please return all workshop evaluations to CU Boulder:
c/o M. Amanda Lain or Karen Drewelow
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