



CHESTERFIELD COUNTY PUBLIC SCHOOLS
Instructional Technology Department
Thomas R. Fulghum Center
4003 Cogbill Road
Richmond, Virginia 23234

Technology Class/Workshop Training Evaluation

Class/Workshop: _____
Trainer: _____
Name (Optional): _____

Date: _____
Location: _____

Performance Standard & Rating Category	5	4	3	2	1	0
	<i>Strongly Agree</i>	<i>Moderately Agree</i>	<i>Agree</i>	<i>Moderately Disagree</i>	<i>Strongly Disagree</i>	<i>Not Applicable</i>
1. The training objectives were clearly outlined.						
2. The training objectives were achieved.						
3. The amount of material presented was appropriate for the time allotted.						
4. The material was presented in a comprehensible and logical manner.						
5. The instructor demonstrated knowledge of the content.						
6. The instructor was receptive to questions.						
7. The instructor answered questions clearly and completely.						
8. The supplement materials (handouts, etc.) were useful to carry back into the classroom or office environment.						
9. Given ongoing support, can you improve your competency level?						
10. Your goals for the class/workshop were achieved.						
11. Will you recommend this class/workshop to others?						
12. Did this class/workshop meet your expectations and needs?						

13. How could this class/workshop be improved? _____

14. What was the most beneficial aspect of this class/workshop? _____

15. Comments or Suggestions: _____

