



Region 1 Training /Technical Assistance Evaluation Form

(Gray highlighted sections are for SITE VISITS ONLY!)

<p>Position: <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Teacher <input type="checkbox"/> School Administrator <input type="checkbox"/> Support Staff <input type="checkbox"/> Parent <input type="checkbox"/> After School Director <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Other: _____</p>	<p>Site: _____ Date: _____ Location: _____</p>
<p>TA TRAININGS/ WORKSHOPS</p> <p>Topic: _____</p> <p>Trainer/TA Provider: _____</p>	<p>SITE VISITS ONLY</p> <p>Site Visit: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Requested by site: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Reason for visit: _____</p>
<p>Using a scale of 1-5 (5 being Excellent and 1 Poor), please rate the following items: <i>(If 3 or below, please provide a comment.)</i></p> <p>PRESENTATION: _____ <i>(Format of training and trainer's presentation style were conducive to learning)</i></p> <p>TRAINING CONTENT: _____ <i>(Relevant and current materials and information; Trainer's knowledge/expertise in subject area was apparent)</i></p> <p>OPPORTUNITY FOR INVOLVEMENT: _____ <i>(Time given for interaction among participants and/or trainer)</i></p> <p>PRACTICAL SUGGESTIONS FOR IMPLEMENTATION: _____ <i>(Ideas/activities would be easy to implement at site)</i></p> <p>OVERALL RATING OF TRAINING/WORKSHOP : _____</p> <p>OTHER COMMENTS: _____ _____</p>	<p>Using a scale of 1-5 (5 being Excellent and 1 Poor), please rate the following items: <i>(If 3 or below, please provide a comment.)</i></p> <p>Reason for visit clearly stated: _____</p> <p>Wrap up session was helpful: _____</p> <p>Recommendations supportive and useful: _____</p> <p>Follow-up by Site Visitor completed: _____</p> <p>One suggestion for Visitor to improve visit: _____ _____ _____</p> <p>Overall Value of Site Visit: _____</p> <p>OTHER COMMENTS: _____ _____ _____</p>