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|  | **Tennessee Department of Children’s Services****DCS Training Evaluation** |

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| **Course Title:** |       |  |

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| **Course ID-Group #:** |       |

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| --- | --- |
| **Date:** |       |

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| **Facilitator Name:** |       |

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| **Training Location:** |       |

Your feedback is important to us because we want to provide you with the highest quality training possible.

Thank you in advance for taking the time to tell us about your experience today.

Please rate your agreement with the following statements (one response per question):

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| --- | --- | --- |
| **Trainer Effectiveness** | **Trainer 1** | **Trainer 2** |
|  | ***Strongly Agree*** | ***Agree*** | ***Not Sure*** | ***Disagree*** | ***Strongly Disagree*** | ***Strongly Agree*** | ***Agree*** | ***Not Sure*** | ***Disagree*** | ***Strongly Disagree*** |
| Trainer was knowledgeable and/or provided guidance on where to get answers | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Trainer encouraged participation and interaction | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Trainer was able to manage the group and minimize off-topic discussions | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| **Course Effectiveness** |  |
|  | ***Strongly Agree*** | ***Agree*** | ***Not Sure*** | ***Disagree*** | ***Strongly Disagree*** |
| Course objectives were met. | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Activities engaged me in learning. | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| The materials provided (hard copies or electronic) were helpful to me. | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| I would recommend this course to others. | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Topics covered were relevant to me. | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| The information I learned will help me to better serve children and families. | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
|  |  |  |  |  |  |
|  | Too short | Just right | Too long |
| The length of training was: | ⭘ | ⭘ | ⭘ |

On a scale of 1 to 10 (10 being the highest), rate your understanding of the course content

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **BEFORE** training: | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| **AFTER** training: | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |

Tell us what you think you will do differently as a result of participating in this course.

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Tell us what you think you liked about this training.

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Tell us what could have been better for you.

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Tell us what future training topics you would like to receive to best help you develop in your role.

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If you would like to speak to someone about your training experience, please leave a message with Laura Otrhalik at (615) 253-4414, and someone will contact you within 48 hours.