

Volunteer Training *Evaluation Form*

Your feedback is very important to us.
Please complete this evaluation and submit to your trainer.

Name (optional): _____ Date: _____

Training Location: _____

Training Topic: _____

What knowledge, information, or skills did you gain?

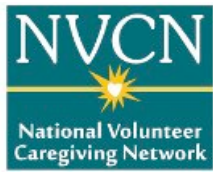
What information or activities were the least useful?

What information or activities were the most useful?

Please evaluate how effective each of the following was based on your needs, using a scale of 1 to 5. 1 = Poor 3 = Fair 5 = Excellent

- Quality of instruction _____
- Quality of information presented _____
- Knowledge of trainer/presenter(s) _____
- Amount of time allowed for training _____
- Amount of time allowed for questions and discussion _____
- Overall quality of the workshop _____

Additional Comments:



Contact: 304.907.0428, info@nvcnetwork.org; www.nvcnetwork.org
