

## Evaluation – Vehicle Asset Management 2016

*Circle your response. Include any notes you think will be helpful to SEAGO or the presenter*

**The training met the objectives listed in the Training Outline.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**This training was not for me. Someone else in my organization should have come.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

If you agree, who should have come \_\_\_\_\_

Position or title

**The presentation was clear and useful.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**The material was clear and useful.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**Our organization has the capacity to implement strategies identified in this training.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**Our organization will need additional technical assistance to implement strategies from this training.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**General feedback or suggestions:**

**Check all that apply and include contact name, title, and phone/email**

- ☐ Our organization will be requesting further technical assistance on this topic
- ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone and or email: \_\_\_\_\_

## Evaluation – Vehicle Asset Management 2016

*Circle your response. Include any notes you think will be helpful to SEAGO or the presenter*

**The training met the objectives listed in the Training Outline.**

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

**This training was not for me. Someone else in my organization should have come.**

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

If you agree, who should have come \_\_\_\_\_  
Position or title

**The presentation was clear and useful.**

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

**The material was clear and useful.**

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

**Our organization has the capacity to implement strategies identified in this training.**

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

**Our organization will need additional technical assistance to implement strategies from this training.**

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

**General feedback or suggestions:**

**Check all that apply and include contact name, title, and phone/email**

- ☐ Our organization will be requesting further technical assistance on this topic  
☒ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone and or email: \_\_\_\_\_

## Evaluation – Vehicle Asset Management 2016

*Circle your response. Include any notes you think will be helpful to SEAGO or the presenter*

**The training met the objectives listed in the Training Outline.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know/No Opinion

**This training was not for me. Someone else in my organization should have come.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know/No Opinion

If you agree, who should have come \_\_\_\_\_

Position or title

**The presentation was clear and useful.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know/No Opinion

**The material was clear and useful.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know/No Opinion

**Our organization has the capacity to implement strategies identified in this training.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know/No Opinion

**Our organization will need additional technical assistance to implement strategies from this training.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know/No Opinion

**General feedback or suggestions:**

**Check all that apply and include contact name, title, and phone/email**

- ☐ Our organization will be requesting further technical assistance on this topic
- ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone and or email: \_\_\_\_\_

## Evaluation – Vehicle Asset Management 2016

*Circle your response. Include any notes you think will be helpful to SEAGO or the presenter*

**The training met the objectives listed in the Training Outline.**

Strongly agree   **Agree**   Disagree   Strongly disagree   Don't Know/No Opinion

**This training was not for me. Someone else in my organization should have come.**

Strongly agree   Agree   Disagree   **Strongly disagree**   Don't Know/No Opinion

If you agree, who should have come \_\_\_\_\_  
Position or title

**The presentation was clear and useful.**

**Strongly agree**   Agree   Disagree   Strongly disagree   Don't Know/No Opinion

**The material was clear and useful.**

Strongly agree   **Agree**   Disagree   Strongly disagree   Don't Know/No Opinion

**Our organization has the capacity to implement strategies identified in this training.**

Strongly agree   **Agree**   Disagree   Strongly disagree   Don't Know/No Opinion

**Our organization will need additional technical assistance to implement strategies from this training.**

Strongly agree   **Agree**   Disagree   Strongly disagree   Don't Know/No Opinion

**General feedback or suggestions:**

**Check all that apply and include contact name, title, and phone/email**

- ☐ Our organization will be requesting further technical assistance on this topic
- ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: Oswaldo Rodriguez

Organization Name: City of San Luis

Phone and or email: OrodriguezL@cityofsanluis.org

## Evaluation – Vehicle Asset Management 2016

**Circle your response. Include any notes you think will be helpful to SEAGO or the presenter**

**The training met the objectives listed in the Training Outline.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**This training was not for me. Someone else in my organization should have come.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

If you agree, who should have come \_\_\_\_\_  
Position or title

**The presentation was clear and useful.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**The material was clear and useful.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**Our organization has the capacity to implement strategies identified in this training.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**Our organization will need additional technical assistance to implement strategies from this training.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**General feedback or suggestions:**

**Check all that apply and include contact name, title, and phone/email**

- ☐ Our organization will be requesting further technical assistance on this topic
- ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: Yolanda Dueñas Office Manager

Organization Name: City of San Luis

Phone and or email: (928) 841-8590

## Evaluation – Vehicle Asset Management 2016

*Circle your response. Include any notes you think will be helpful to SEAGO or the presenter*

**The training met the objectives listed in the Training Outline.**

Strongly agree   **Agree**   Disagree   Strongly disagree   Don't Know/No Opinion

**This training was not for me. Someone else in my organization should have come.**

Strongly agree   **Agree**   Disagree   Strongly disagree   Don't Know/No Opinion

If you agree, who should have come \_\_\_\_\_  
Position or title

**The presentation was clear and useful.**

Strongly agree   **Agree**   Disagree   Strongly disagree   Don't Know/No Opinion

**The material was clear and useful.**

Strongly agree   **Agree**   Disagree   Strongly disagree   Don't Know/No Opinion

**Our organization has the capacity to implement strategies identified in this training.**

Strongly agree   **Agree**   Disagree   Strongly disagree   Don't Know/No Opinion

**Our organization will need additional technical assistance to implement strategies from this training.**

Strongly agree   **Agree**   Disagree   Strongly disagree   Don't Know/No Opinion

**General feedback or suggestions:**

**Check all that apply and include contact name, title, and phone/email**

- ☐ Our organization will be requesting further technical assistance on this topic
- ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: Salvador Sandoval

Organization Name: city of san luis

Phone and or email: SSandoval@cityofsanluis.org



## Evaluation – Vehicle Asset Management 2016

**Circle your response. Include any notes you think will be helpful to SEAGO or the presenter**

**The training met the objectives listed in the Training Outline.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know/No Opinion

**This training was not for me. Someone else in my organization should have come.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know/No Opinion

If you agree, who should have come \_\_\_\_\_

Position or title

**The presentation was clear and useful.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know/No Opinion

**The material was clear and useful.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know/No Opinion

**Our organization has the capacity to implement strategies identified in this training.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know/No Opinion

**Our organization will need additional technical assistance to implement strategies from this training.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know/No Opinion

**General feedback or suggestions:**

**Check all that apply and include contact name, title, and phone/email**

- ☐ Our organization will be requesting further technical assistance on this topic
- ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title:

Vera Salazar, Risk mgmt Assistant

Organization Name:

Horizon Health & Wellness

Phone and or email:

~~111111~~ vera.salazar@hhwaz.org

## Evaluation – Vehicle Asset Management 2016

*Circle your response. Include any notes you think will be helpful to SEAGO or the presenter*

**The training met the objectives listed in the Training Outline.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**This training was not for me. Someone else in my organization should have come.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

If you agree, who should have come \_\_\_\_\_  
Position or title

**The presentation was clear and useful.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**The material was clear and useful.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**Our organization has the capacity to implement strategies identified in this training.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**Our organization will need additional technical assistance to implement strategies from this training.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**General feedback or suggestions:**

**Check all that apply and include contact name, title, and phone/email**

- ☐ Our organization will be requesting further technical assistance on this topic
- ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone and or email: \_\_\_\_\_



## Evaluation – Vehicle Asset Management 2016

*Circle your response. Include any notes you think will be helpful to SEAGO or the presenter*

**The training met the objectives listed in the Training Outline.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**This training was not for me. Someone else in my organization should have come.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

If you agree, who should have come \_\_\_\_\_  
Position or title

**The presentation was clear and useful.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**The material was clear and useful.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**Our organization has the capacity to implement strategies identified in this training.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**Our organization will need additional technical assistance to implement strategies from this training.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**General feedback or suggestions:**

**Check all that apply and include contact name, title, and phone/email**

- ☐ Our organization will be requesting further technical assistance on this topic
- ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone and or email: \_\_\_\_\_

## Evaluation – Vehicle Asset Management 2016

**Circle your response. Include any notes you think will be helpful to SEAGO or the presenter**

**The training met the objectives listed in the Training Outline.**

Strongly agree    Agree    Disagree    Strongly disagree    Don't Know/No Opinion

**This training was not for me. Someone else in my organization should have come.**

Strongly agree    Agree    Disagree    Strongly disagree    Don't Know/No Opinion

If you agree, who should have come \_\_\_\_\_  
Position or title

**The presentation was clear and useful.**

Strongly agree    Agree    Disagree    Strongly disagree    Don't Know/No Opinion

**The material was clear and useful.**

Strongly agree    Agree    Disagree    Strongly disagree    Don't Know/No Opinion

**Our organization has the capacity to implement strategies identified in this training.**

Strongly agree    Agree    Disagree    Strongly disagree    Don't Know/No Opinion

**Our organization will need additional technical assistance to implement strategies from this training.**

Strongly agree    Agree    Disagree    Strongly disagree    Don't Know/No Opinion

**General feedback or suggestions:**

**Check all that apply and include contact name, title, and phone/email**

- ☐ Our organization will be requesting further technical assistance on this topic
- ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone and or email: \_\_\_\_\_

## Evaluation – Vehicle Asset Management 2016

*Circle your response. Include any notes you think will be helpful to SEAGO or the presenter*

**The training met the objectives listed in the Training Outline.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**This training was not for me. Someone else in my organization should have come.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

If you agree, who should have come \_\_\_\_\_  
Position or title

**The presentation was clear and useful.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**The material was clear and useful.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**Our organization has the capacity to implement strategies identified in this training.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**Our organization will need additional technical assistance to implement strategies from this training.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**General feedback or suggestions:**

**Check all that apply and include contact name, title, and phone/email**

- ☐ Our organization will be requesting further technical assistance on this topic
- ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone and or email: \_\_\_\_\_

## Evaluation – Vehicle Asset Management 2016

*Circle your response. Include any notes you think will be helpful to SEAGO or the presenter*

**The training met the objectives listed in the Training Outline.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**This training was not for me. Someone else in my organization should have come.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

If you agree, who should have come \_\_\_\_\_  
Position or title

**The presentation was clear and useful.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**The material was clear and useful.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**Our organization has the capacity to implement strategies identified in this training.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**Our organization will need additional technical assistance to implement strategies from this training.**

Strongly agree      Agree      Disagree      Strongly disagree      Don't Know/No Opinion

**General feedback or suggestions:**

**Check all that apply and include contact name, title, and phone/email**

- ☐ Our organization will be requesting further technical assistance on this topic
- ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: David Celado

Organization Name: Mary Mission

Phone and or email: 520-559-1153