Evaluation

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 any box that applies. If you check a box, 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:_____