



## LifeSkills Training Workshop Trainee Evaluation Form

Training Date:	Site:
Trainer Name:	
Type of Training: <input type="checkbox"/> Initial <input type="checkbox"/> Reinforcement TA	

### 1. Rate training workshop quality in terms of:

	Poor	Fair	Good	Very Good	Excellent
Providing the information about LST that I needed	1	2	3	4	5
Presenting an overview and practice of useful teaching techniques	1	2	3	4	5
Providing a walk-through of the program/curriculum	1	2	3	4	5
Increasing understanding of the guidelines for fidelity-based implementation of the LST Program	1	2	3	4	5
Increasing confidence in my ability to implement the program	1	2	3	4	5

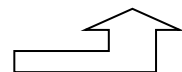
### 2. Rate the LST trainer in terms of his/her skill in the following:

	No Skill	Below Average	Average	Good	Very Proficient	N/A
Explaining the theory/research of LST	1	2	3	4	5	9
Modeling key teaching skills of facilitation, feedback, coaching, and behavioral rehearsal	1	2	3	4	5	
Responding to questions about curriculum and implementation	1	2	3	4	5	
Using or managing time well	1	2	3	4	5	
Creating comfort and engagement in the teaching environment	1	2	3	4	5	
Demonstrating knowledge about the LST Program	1	2	3	4	5	

### 3. Rate your satisfaction with the following:

	Not Satisfied	A Little Satisfied	Satisfied	Very Satisfied	Extremely Satisfied
The overall workshop	1	2	3	4	5
The trainer	1	2	3	4	5
The training materials	1	2	3	4	5

*Please complete items on other side*



4. What aspects of training do you feel were most valuable?

5. What aspects of training do you feel were least valuable?

6. The length of training was:     1=Too Short         2=About Right         3=Too Long

7. Which areas of the training, if any, do you feel needed more coverage time?

8. Was there a need for additional training that was not provided?     0 =No         1=Yes

If yes, describe your training needs:

9. Comments:

***Please return all LST Training Workshop Evaluations to your CSPV Project Manager:***

*[Name, Address, Phone, Email, Fax]*