



LifeSkills Training Workshop TRAINER SELF-EVALUATION

Site Name:

Trainer:

Date(s) of Training:

1. Was this training session (circle one):
1. Initial Training
2. Reinforcement TA
2. How many people participated in the training? _____
3. Rate the overall quality of the training workshop (circle one).

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent
4. Rate the training specifically in terms of how well it prepared staff to implement the program as designed (circle one).

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent
5. How many total hours were spent in this training session? (Do NOT include lunch) _____
The length of training was (circle one):

1=Too short	2=About right	3=Too long
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6. Were all areas or components of the training successfully completed? (circle one)

0=No	1=Yes
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If no, which areas were not covered?
7. Which areas of the training, if any, do you feel needed more coverage time?

Please complete information on other side ⇒

8. Did the trainees show any resistance to the program? (circle one)

0= No 1=Yes

If so, what were the issues and how were they resolved?

9. What were the most valuable aspects of this training workshop?

10. What were the least valuable aspects of this training workshop?

11. Do you have any other comments or suggestions for improvements?

12. The CSPV grant supports 1-2 people per site to attend a TOT in order to help sustain the program after the grant has concluded. Who, if anyone, would you recommend as a Training of Trainers (TOT) candidate for this site?

Why would you recommend this person?

Please return this form and the LST Training Attendance Log to your CSPV Project Manager:

[Name, Address, Phone, Email, Fax]