

# Evaluation

Program Title: \_\_\_\_\_ Date: \_\_\_\_\_

An evaluation of each training session is important to our laboratory. Please complete the following, circling your response. Your comments are appreciated.

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Needs Improvement</b>	<b>Not Applicable</b>
Speaker was knowledgeable	4	3	2	1	NA
Speaker was organized	4	3	2	1	NA
Handouts were helpful	4	3	2	1	NA
Visual aids were helpful	4	3	2	1	NA
Activities were helped me understand the information	4	3	2	1	NA
Program content related to my job	4	3	2	1	NA
Overall satisfaction with this session	4	3	2	1	NA

What did you like most about the program?

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How could this program be made better?

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Comments

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Name (optional): \_\_\_\_\_ Department: \_\_\_\_\_