

**S**OUTHWEST FAMILY  
GUIDANCE CENTER & INSTITUTE

Training Evaluation

**Training Title:**

**Date/Time/Location:**

**Presenter(s):**

**Participant's Name (Optional):**

**Instructions:** Please indicate your level of agreement with the statements listed below.

- |   | Strongly<br>Agree | Agree | Neutral | Disagree | Strongly<br>Disagree |
|---|-------------------|-------|---------|----------|----------------------|
| 1. The objectives of the training were clearly defined.     |                   |       |         |          |                      |
| 2. Participation and interaction were encouraged.           |                   |       |         |          |                      |
| 3. The topics covered were relevant to me.                  |                   |       |         |          |                      |
| 4. The content was organized and easy to follow.            |                   |       |         |          |                      |
| 5. This training experience will be useful in my work.      |                   |       |         |          |                      |
| 6. The trainer was knowledgeable about the training topics. |                   |       |         |          |                      |
| 7. The training venue and accommodations were satisfactory. |                   |       |         |          |                      |
| 8. The training objectives were met.                        |                   |       |         |          |                      |

***Please answer the following open-ended questions:***

What would have improved the quality of the training you received in this workshop?

What topics would you suggest for future trainings at SWFGC?