

 **EVALUATION FORM**

 **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PRESENTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TYPE OF TRAINING:** **DISTRICT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. What is your overall assessment of this training?
2. What type of strategy used by the presenter?

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1. How can this training apply in the classroom?

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1. What is your overall rating of the presenter? Excellent Good Fair Poor

1. Will this training be used as a resource? How?

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1. How can you improve this training?

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