

California WIC Program NVRA Training Evaluation

Date: _____ Agency: _____

The Training and Career Development Section strives to improve the quality of our trainings. Please take a few moments to give us feedback by completing the following evaluation.

Instructions: Using the following scale, select the number that best describes your rating for each statement.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4

COURSE DESIGN & MATERIALS

	1	2	3	4
The purpose of the training was clear.	1	2	3	4
The training was related to my job.	1	2	3	4
The training materials were useful.	1	2	3	4
The training held my interest.	1	2	3	4
I can apply the skills I learned to my job.	1	2	3	4
I would recommend this training to others.	1	2	3	4

TRAINER

	1	2	3	4
The trainer was knowledgeable.	1	2	3	4
The trainer demonstrated professional training skills.	1	2	3	4
The trainer encouraged interaction.	1	2	3	4
The trainer used time effectively.	1	2	3	4

(Over)

