# Sample Evaluation Form 1

**Instructions**: Use this form as a starting point for your development efforts. Customize this form, adding relevant information as appropriate or removing information that does not apply to your situation.

Name of Training: [ENTER NAME OF TRAINING]

Date of Training:[ENTER DATE OF TRAINING]

1. What is the most valuable thing that you have learned during this training?
2. What specific feedback do you have regarding the trainer(s)?
3. What could have been done to improve this training?
4. What specific feedback do you have regarding the following sessions?

[LIST SESSIONS]

1. How will you use the information and skills gained to improve your health and fitness program?
2. What will you take back to your school/school district?
3. What type of support and follow-up would you like to receive?
4. What ideas do you have for future topics?
5. What other comments or suggestions do you have?

Thank you for your feedback!

Name (Optional): [ENTER NAME]