# Sample Evaluation Form 2

**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: [Insert training objective 1]

Date of Training:[Insert training objective 1]

Location: [Insert training objective 1]

1. Below is a list of the key objectives that were identified for this skills training. For each item, please first rate the extent or amount of skill you possessed BEFORE the training, and then indicate the extent of skill you possess NOW, following the training. Use the 4-point scale provided below. Complete both ratings for each item before going to the next item. If an objective was not addressed during the training, please circle “N/A” and do not rate that item.

1=Not at all skilled 2=Not very skilled 3=Somewhat skilled 4=Very skilled

|  |  |  |  |
| --- | --- | --- | --- |
| My Skill to… | N/A | Before the Training | Now, Following the Training |
| [Insert training objective 1] | N/A | 1 2 3 4 | 1 2 3 4 |
| [Insert training objective 2] | N/A | 1 2 3 4 | 1 2 3 4 |
| [Insert training objective 3] | N/A | 1 2 3 4 | 1 2 3 4 |

1. What is the likelihood that you will do the following as a result of participating in this training? Circle the numbers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I Plan to… | Very Unlikely | Unlikely | Likely | Very Likely |
| Change instructional practices | 1 | 2 | 3 | 4 |
| Use or modify the framework discussed to fit your needs | 1 | 2 | 3 | 4 |
| Utilize resources for support and implementation of assessments and standards | 1 | 2 | 3 | 4 |

1. Overall, to what extent do you think the training will help you to improve the various aspects of your health and fitness program?

\_\_\_\_\_ Not at all

\_\_\_\_\_ A little bit

\_\_\_\_\_ A moderate extent

\_\_\_\_\_ A great extent

1. How would you rate your engagement level, as a participant, during the training?

\_\_\_\_\_ Not at all engaged

\_\_\_\_\_ Not very engaged

\_\_\_\_\_ Somewhat engaged

\_\_\_\_\_ Actively engaged

1. What specific feedback do you have for the trainer(s)?
2. What specific type of support and follow-up would you like from this training?
3. What other comments or suggestions do you have?

Thank you for your feedback!

Name (Optional): [Insert NAME]