

# Lincoln County Health Department Training Evaluation

Training Session:

Presenter:

Date of Program:

Please circle one for each item.

Session Learning Objectives	Before Training				After Training			
	Very Little	Some	Quite a bite	A lot	Very Little	Some	Quite a bite	A lot
As the result of this training I am able to:								
1.	1	2	3	4	1	2	3	4
2.	1	2	3	4	1	2	3	4
3.	1	2	3	4	1	2	3	4
4.	1	2	3	4	1	2	3	4
5.	1	2	3	4	1	2	3	4

Please circle one for each item.

	1 Strongly disagree	2	3	4	5 Strongly Agree
My knowledge has increase as the result of this training.					
The delivery format was appropriate for this training content.					
The level of the training met my needs.					
The materials/resources were appropriate.					
The amount of time allotted was sufficient					

Name one way you will incorporate this information into the work that you do.

1. \_\_\_\_\_

**Comments:**