

# Skills Training Evaluation Form

Name of Training:

Date of Training:

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 TA visit, please circle "Not applicable" and do not rate that item.

My skill to.... <i>[Facilitator- insert the skill-related objectives of the training, one objective per row. Add or delete rows as needed.]</i>	Not Applicable	1 = Not at all skilled 2 = Not very skilled 3 = Somewhat skilled 4 = Very skilled							
		BEFORE the Training				NOW, following the Training			
		1	2	3	4	1	2	3	4
a. <i>(E.g., describe the CDC-DASH Six Strategies for Professional Development.)</i>	NA	1	2	3	4	1	2	3	4
b.	NA	1	2	3	4	1	2	3	4
c.	NA	1	2	3	4	1	2	3	4
d.	NA	1	2	3	4	1	2	3	4

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

<i>[Facilitator- insert the actions expected of participants, one action per row. Add or delete rows as needed.]</i>	Very Unlikely	Unlikely	Likely	Very Likely
a. <i>(E.g., carry out a plan of action to strengthen site-based professional development processes)</i>	1	2	3	4
b.	1	2	3	4
c.	1	2	3	4
d.	1	2	3	4

3. Overall, to what extent do you think the training will help you to improve the various components of your professional development program? (*Check only one response below.*)

- 1. \_\_\_\_\_ Not at all
- 2. \_\_\_\_\_ A little bit
- 3. \_\_\_\_\_ A moderate extent
- 4. \_\_\_\_\_ A great extent

4. How would you rate your engagement level, as a participant, during the training? (*Check only one response below.*)

- 1. \_\_\_\_\_ Not at all engaged
- 2. \_\_\_\_\_ Not very engaged
- 3. \_\_\_\_\_ Somewhat engaged
- 4. \_\_\_\_\_ Actively engaged

5. Please indicate your level of agreement with the following statements about the facilitator(s). (*Circle only one response for each statement.*)

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a. The facilitator(s) clearly specified the objectives and rationale for this training.	1	2	3	4
b. The facilitator(s) is (are) knowledgeable about the subject matter.	1	2	3	4
c. The facilitator(s) used a variety of effective facilitation strategies.	1	2	3	4
d. The facilitator(s) effectively acknowledged and answered questions and concerns.	1	2	3	4
e. The facilitator(s) provided necessary materials and resources.	1	2	3	4
f. The facilitator(s) created an effective learning environment.	1	2	3	4

