



Training Evaluation Form

Directions: This evaluation form is for training. This form is not for conferences. In order to receive training hours through Wyoming STARS, **this form must be filled out completely.** Return form to WCAA within thirty (30) days of the training, or training hours **will not** be awarded.

Training Reference Number: _____ **Training Event ID:** _____

PERSONAL INFORMATION

Name: _____ STARS ID#: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

Business Name: _____ Business Phone: _____

Business Address: _____

TRAINING INFORMATION

Title of training: _____ Date of training: _____

Name of trainer: _____ Length of training: _____

How would you rate	poor				excellent
1. The content of the training	1	2	3	4	5
2. The format of the training	1	2	3	4	5
3. Instructor's knowledge of this topic	1	2	3	4	5
4. The usefulness of the training	1	2	3	4	5

Describe the content that is relevant to your program _____

Additional Comments _____

