

Economic Workforce and Development Department Financial Management Division



Training Evaluation Form

Training:	CONTRACTOR'S FISCAL TRAINING				
Date:	August 6-7, 2014				
Name/Title: (optional)					
Agency: (optional)					

Please indicate your impressions of the items listed below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The training met my expectations.	0	0	0	0	0
I will be able to apply the knowledge learned to my work.	0	0	0	0	0
The training objectives for each topic were identified and followed.	0	0	0	0	0
4. The content was organized and easy to follow.	0	0	0	0	0
The materials distributed were pertinent and useful.	0	0	0	0	0
6. The trainer was knowledgeable.	0	0	0	0	0
7. The quality of instruction was good.	0	0	0	0	0
8. The trainer met the training objectives.	0	0	0	0	0
Class participation and interaction were encouraged.	0	0	0	0	0
Adequate time was provided for questions and discussion.	0	0	0	0	0
The training room set up was comfortable and conducive to learning.	0	0	0	0	0

11. How do you rate the topics discussed:	Excellent	Good	Average	Poor	Very Poor			
Budget Process	0	0	0	0	0			
Financial Grants Management	0	0	0	0	0			
Fiscal Review Issues	0	0	0	0	0			
WIA Program Expenditures	0	0	0	0	0			
12. How do you rate the training overall?	0	0	0	0	0			
13. What aspects of the training could be improved?14. Other comments, questions, and /or suggestions? (Please attach additional sheet(s), if necessary.)								