

ICIS TRAINING EVALUATION

Type of Training Received: _____ Date: _____

Name of Trainer(s): _____

Thank you for taking the time to complete this evaluation. Your input will help us to improve future trainings. Please complete the evaluation and return it to the registration desk.

1. What were the most valuable or challenging aspects of the training or curriculum?

2. Did the training cause you to make any change in how you work with offenders? If so how, or if not, why?

3. How would you make this training and/ or curriculum more useful to you?

Please Rate the Following:

A. Training Environment and Learning Atmosphere

1. Accommodations and facilities.
(Poor) 1 2 3 4 5 (Excellent)
Comments:

2. Organization and management of the training.
(Poor) 1 2 3 4 5 (Excellent)
Comments:

3. The handouts and powerpoint presentations are useful training resources.
(Poor) 1 2 3 4 5 (Excellent)
Comments:

B. Trainer Knowledge and Facilitation Skills

4. The trainer(s) have full knowledge and understanding of the training curriculum.
(Poor) 1 2 3 4 5 (Excellent)

Comments:

5. The trainer(s) demonstrate and model important and useful training techniques.
(Poor) 1 2 3 4 5 (Excellent)

Comments:

6. The trainer(s) encourage student participation in class utilizing exercises that reinforce core concepts.

(Poor) 1 2 3 4 5 (Excellent)

Comments:

C. Trainer Style of Communication and Interpersonal Characteristics

7. The trainer(s) are able to fully engage and create a healthy rapport with students.
(Poor) 1 2 3 4 5 (Excellent)

Comments:

8. The trainer(s) can skillfully manage classroom and participant dynamics.
(Poor) 1 2 3 4 5 (Excellent)

Comments:

9. The trainer(s) give constructive and practical feedback to students and respond to questions in an appropriate way.

(Poor) 1 2 3 4 5 (Excellent)

Comments:

COUNTIES:

____ City and County of Honolulu ____ Maui ____ Hawaii ____ Kauai

PLEASE SELECT THAT APPLIES:

____ ACSB ____ PSD ____ PAROLE ____ OTHER (specify): _____

THANK YOU!