

BAY AREA ACADEMY TRAINER FEEDBACK FORM

Trainer Name: _____ Date: _____

Training Title: _____ Location: _____

Please return to the Bay Area Academy, Attention: Judith Lefler (SF, CCC, Alameda, Marin, Sonoma, Solano, Napa) or Maryanne Rehberg (Santa Clara, San Mateo, Santa Cruz, Monterey, San Benito)

	Strongly Disagree		Strongly Agree		
	1	2	3	4	5
1. Prior to the training, the training coordinator (TC) communicated to you: the desired outcomes for the training; any Academy and/or county expectations and was available to you for any questions/needs you had	1	2	3	4	5
	Comments _____				

2. The Academy provided you with a copy of the participant evaluation prior to the day of training	1	2	3	4	5
	Comments _____				

3. The TC talked to you about the "New Initiatives" that are changing the landscape of child welfare and how they may relate to your training	1	2	3	4	5
	Comments _____				

4. The Academy person was available to provide assistance when you arrived and throughout the day (unless alternate arrangements were made)	1	2	3	4	5
	Comments _____				

5. Any requested equipment was available to you for your training and operated correctly.	1	2	3	4	5
	Comments _____				

6. The materials for your session were available an in correct form	1	2	3	4	5
	Comments _____				

7. The facilities were adequate for this presentation.	1	2	3	4	5
	Comments _____				

8. The training coordinator (TC) supported an effective learning environment, i.e., welcomed participants, handled logistics, supported trainer as needed.	1	2	3	4	5
	Comments _____				

9. (For Advanced Trainings) The TC prepared the trainer for who was going to be in attendance, their expertise level, the county context, etc.	1	2	3	4	5
	Comments _____				

10. (For Advanced Trainings) The trainer was aware of any relevant issues that prompted the need for the training	1	2	3	4	5
	Comments _____				

<p>11. Was there anything that came up in the training regarding the county or the participants that the academy should be aware of?</p>	<p>Comments _____ _____ _____ _____ _____</p>
<p>12. If you had occasion to interact with other Academy staff were they responsiveness to your needs?</p>	<p>1 2 3 4 5 _____ _____ _____</p>
<p>13. The trainer was generally satisfied with this training experience.</p>	<p>1 2 3 4 5 _____ _____ _____</p>
<p>14. Is there any follow-up that needs to happen as a result of this training?</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>15. Is there anything else you would like us to know? Any suggestions you have?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>