



Trauma Awareness Training Evaluation

Date of training: _____

Zip Code (home): _____

1) How would you rate today's training?

Poor Fair Okay Good Very Good

2) Prior to the training how would you rate your knowledge?

No Little Some Knowledgeable Very
Knowledge Knowledge Knowledge Knowledgeable Knowledgeable

3) After the training, how would you rate your knowledge?

No Little Some Knowledgeable Very
Knowledge Knowledge Knowledge Knowledgeable Knowledgeable

4) What is the most valuable thing you learned today (knowledge or attitude)?

5) Was there anything you did not understand during the training? Yes or No
If yes, please provide specific examples.

6) Please identify one behavior you will change as a result of this training.

7) Would you recommend this training to a colleague, friend or someone else within your organization? Yes or No

8) What other specific comments do you have?