 **Training Evaluation Form**

Date:

Title and Location of Training:

Trainer:

Instructions: Please indicate your level of agreement with the statements listed below in #1 – 8.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| The objectives of the training were clearly defined. |  |  |  |  |  |
| Participation and interaction is encouraged. |  |  |  |  |  |
| The topics covered were relevant. |  |  |  |  |  |
| This training will be useful in my professional life. |  |  |  |  |  |
| The trainer was knowledgeable about the topic. |  |  |  |  |  |
| Do you feel you better understand Sound Transit expectations on Respectful Worksites? |  |  |  |  |  |
| After this training, do you feel better equipped to support your team in fostering an inclusive, respectful worksite? |  |  |  |  |  |

What did you like most about this training?

How can the training be improved?

Do you have any other feedback about this training?