



Montana Migrant Education Program 2013-14 Staff Training Evaluation

Date(s) _____ Location _____ Trainer(s) _____

Title of Training/Conference _____

Directions: Complete the form by placing an "X" in the box that best describes your reaction to the criterion.

	Developing (1 point)	Good (2 points)	Exemplary (3 points)
Training/Conference	<input type="checkbox"/> Uninformative	<input type="checkbox"/> Somewhat informative	<input type="checkbox"/> Highly informative
Applicability	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Somewhat applicable	<input type="checkbox"/> Very applicable
Materials	<input type="checkbox"/> Not useful	<input type="checkbox"/> Somewhat useful	<input type="checkbox"/> Very useful
Trainer(s)	<input type="checkbox"/> Lacked skills to facilitate learning	<input type="checkbox"/> Used some techniques to facilitate learning	<input type="checkbox"/> Skilled at using various techniques to facilitate learning

To what extent did this training/conference help prepare you to effectively implement MEP instructional and support services?

- Not at all
 A Little
 Somewhat
 A Lot
 Very Much

How do you plan to use the information from this training/conference?

Do you have any suggestions to improve the training/conference?

Are there any topics you would like covered in future training?

Other comments:
