



TRAINING EVALUATION

Your evaluation is important in Sertoma's effort to provide quality training and worthwhile information.

Name of Certified Trainer: _____ Date: _____

Training Topic: _____ Time Allotted: _____

Name of Club/District/Region Hosting Event: _____

Training Event: (Check Below)

- Club New Member Orientation
 Club Officer Training
 Club Other (_____)
 District PAC
 District DLC
 District FDC
 District Other (_____)
 Regional Convention
 Sertoma Annual Convention
 SLT
 Other (_____)

		V Poor	Poor	OK	Good	V Good
01.	Objectives Clearly Defined	1	2	3	4	5
02.	Orderly Flow with Distinct Conclusion	1	2	3	4	5
03.	Effective Training Aids (Flip Chart, Overhead, Handouts, etc.)	1	2	3	4	5
04.	Active Participation Encouraged by Trainer	1	2	3	4	5
05.	Presentation was Interesting and of Value	1	2	3	4	5
06.	Trainer was Knowledgeable	1	2	3	4	5
07.	Trainer Dressed and Acted Professional	1	2	3	4	5
08.	Trainer was Audible and Articulate	1	2	3	4	5
09.	Trainer was Prepared and Organized	1	2	3	4	5
10.	Quality of Training Room and Facility	1	2	3	4	5

Things you learned that exceed your expectations: _____

Things you expected to learn but did not : _____

General comments and recommendations: _____

Name (optional) _____ Contact information (optional) email: _____ phone: _____

PLEASE RETURN THIS EVALUATION TO: SERTOMA STAFF/OFFICER OR SEND TO:

Sertoma Headquarters
 Attn: Curtis Gray
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 Kansas City, MO 64132-1174