

## Sample Evaluation

Training Information	Date:	Title:	Presenter(s):
<b>Your primary role at the training (Circle One)</b>	<input type="checkbox"/> State Migrant Director <input type="checkbox"/> Migrant Recruiter <input type="checkbox"/> Teacher <input type="checkbox"/> Migrant Liaison <input type="checkbox"/> MSIX/Records/Data <input type="checkbox"/> Other _____ <span style="margin-left: 150px;">(please specify)</span>		

<i>Indicate your opinion regarding the statements below.</i>	Definitely 4	Mostly 3	Somewhat 2	Not at all 1
1. The objectives of the Module were met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The Module materials (handouts, PowerPoint, activities) were useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The presenter/facilitator was well prepared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. There was sufficient time for interaction and questions/answers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Overall, this training was beneficial.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you especially like about Module 5: Including Binational Migrant Students in CNAs and SDPs.

---



---



---

Do you have any comments? Do you have any suggestions for future training?

---



---



---



---