

Learning Genie Training Evaluation



You feedback is very valuable to us. Thank you for taking a moment to fill out the training evaluation survey below.

Date of Training: _____ Location: _____

Trainer (s): _____

Type of Training

- Trainer Workshop (6 hour) Teacher Training (3 hour)

Did the training meet your expectations?

- Yes No (please explain why below)

Comments (why expectations were not met)

Do you feel you are all ready to go with Learning Genie or needing more advance training in the future?

- Yes No, I need more training Not sure

Comments (Which part do you feel needing additional training?)

(See back... next page)

Which part(s) of the workshop did you find most effective & why?

- Icebreaker
- Roster/Profile Setup
- Portfolio & Rating
- Daily Report
- Web Portal
- DRDP Tech Reporting

Comments:

Please rate the following:

	Excellent	Good	Fair	Below Average
Quality of facility/Media				
Trainer's knowledge of the topic				
Organization structure of the workshop				
Pace of workshop				
The trainer delivered the workshop in a clear and easy to understand way				
Attentive to questions				
Hands-on practices				

Are there any additional topics you'd like us to cover?

Are there any suggestions for us to further improve?

(OPTIONAL) Your Name: _____ Role: _____

Thank you so much! You are awesome! Enjoy Learning Genie.