

 **TRAINER FEEDBACK FORM** 

Workshop Title: _____

Trainer: _____ Date: _____

1. To what extent were workshop objectives met?

___Not Met ___Partially Met ___Adequately Met ___Mostly M ___Fully Met

2. Please describe any barriers to accomplishment of workshop objectives.

3. Please describe any difficulties with equipment (computer, LCD projector, overhead projector, CPS system) , room arrangement, physical facility, handouts, etc.

4. Please describe possible changes that could improve the workshop including any feedback for the RTC.

5. How did you utilize the Idea Catcher during this training?

6. What additional interventions could promote application of learning on the job?

7. Please describe any significant incident(s) including inability to use equipment, location of the workshop which promoted or interfered with accomplishment of workshop objectives.

Description of incident:

Trainer action taken:
