



MidSOUTH TRAINING ACADEMY

New Staff Training – FSW: Foundations

Course Number:

Week:

Location:

Date:

Trainers:

Training Unit Evaluation

	Poor	Fair	Satisfactory	Good	Excellent
1. How do you rate this training overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How do you rate the classroom trainer(s) overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How well did the course organization allow for a logical progression from one topic to another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. What was your level of understanding of the training content prior to this training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Rate the extent to which the training enhanced your overall understanding of the content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To what extent did the trainer help group members relate to and apply course content and knowledge to child welfare practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How would you rate the resources and visual aides used in the class (slides, flipcharts, videos, manuals, websites, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How do you rate the online training unit associated with this classroom-training offering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Rate the extent to which classroom training made use of work you completed as part of the online training unit associated with this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How long was it between the time you took the online training associated with this training and the time you came to class?	<input type="checkbox"/> (Less than 1 month)	<input type="checkbox"/> 1 month to 3 months	<input type="checkbox"/> Greater than 3 months		

11. What factors promoted your learning and participation in classroom training?

12. What factors were barriers to your learning and participation in classroom training?