



# TRAINER FEEDBACK FORM

Program: Academy (IV-E)

Trainers must complete this form immediately following each training unit and at the end of concentration training (before reviewing evaluations and before debriefing, if co-training). If additional space for comments is needed, attach additional sheets. Reference the item number prior to the comments related to the item.

Email this completed form to all of the following and include your immediate supervisor:

[comdat@midsouth.ualr.edu](mailto:comdat@midsouth.ualr.edu)

[bhnazeem@midsouth.ualr.edu](mailto:bhnazeem@midsouth.ualr.edu)

[tdcane@midsouth.ualr.edu](mailto:tdcane@midsouth.ualr.edu)

Trainer:

Event ID:

Location:

Training Date(s):

Type: (Select One)

☐ NST FSW Foundations

☐ New NST Concentrations

☐ Specialty

☐ Safe Measures

☐ Other (Specify):

Unit: (Select One)

☐ CHRIS O & N ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

☐ 8: Investigations ☐ 9: In-Home ☐ 10: Out-of-Home

☐ Supervisors ☐ Program Assistant ☐ Active Parenting ☐ Extra Help

Your Training Role : ☐ Trainer (Solo) ☐ Co-Trainer ☐ Lead Trainer ☐ Other: \_\_\_\_\_

## Questions : Please answer all of the following

1. Did you function in a training role each day of this training? (If yes, go to #3) ☐ Yes ☐ No

If no, which day(s) were you in the training role? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. Were there any significant deviations from the approved training outline/curriculum? If yes, please list details and rationale for changes or additions. ☐ Yes ☐ No

3. Were any new materials developed by the trainer? ☐ Yes ☐ No  
If yes, please attach copies (i.e. - PowerPoints, handouts, resources, activities, etc.)

4. Note any unique characteristics or behaviors of the training group.

5. Rate the services provided by the support staff. ☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Excellent ☐ N/A

6. Rate the facilities and equipment ☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Excellent ☐ N/A

7. How do you think participants will rate this training? ☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Excellent ☐ N/A

8. Rate your effectiveness as a trainer during this training ☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Excellent ☐ N/A

9. Comments related to the ratings in 5-8 and any other remarks you would like to make.

10. Note any feedback for the curriculum team regarding critical curriculum issues, technical formatting issues, problematic activities, or any other general feedback on specific updates needed to materials. (Attach a separate page if needed detailing what document, section/activity, and page #(s).)

Trainer Signature:

Date:

**\*\* Note: Complete page 3 only for New Staff Training for FSW \*\***

NST\_FSW Dates:  Trainer Completing Form:

Week #: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

10. The group rated the overall OJT experience of the previous week as:

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Excellent ☐ N/A

11. Overall, what seemed to promote learning and positive experiences in the OJT process?

12. Overall, what seemed to inhibit learning and positive experiences in the OJT process?

13. Observations regarding the **field trainer's** activities during the previous week of OJT.

14. Observations regarding the **DCFS Mentor's** activities during the previous week of OJT.

15. Specific follow-up required related to OJT and individual trainees - i.e. - contact with field trainer, supervisors, DCFS Mentors, etc.

16. Comments and other observations regarding OJT process