

Child Protection Juvenile Justice Workshop

<Insert location and date>

Training Evaluation Form

Surname (optional): _____ First Name: _____

Duty Station or Office Location: _____

Please circle to what extent you agree or disagree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. Subject matter was adequately covered	5	4	3	2	1
2. Content was what I needed to hear or learn	5	4	3	2	1
3. The programme was well-paced	5	4	3	2	1
4. Materials were useful	5	4	3	2	1
5. Participants were encouraged to take an active part	5	4	3	2	1
6. The programme met my individual objectives	5	4	3	2	1
7. The programme was relevant to my job	5	4	3	2	1
8. I would recommend this programme to my colleagues	5	4	3	2	1

Please rate the following, as applicable (5=excellent to 1=poor).

9. Meeting space	5	4	3	2	1
10. Meals/refreshments	5	4	3	2	1
11. Overall organisation	5	4	3	2	1

12. Was the workshop length: correct? too short? too long ?

13. Were there: just enough participants? too few? too many ?

14. What are the 3 most important things you learned during the workshop?

1. _____
2. _____
3. _____

15. How effective was the training team? Circle one of the following:

Very effective, effective, adequate, somewhat adequate, not at all.

What contributed to your rating?

16. If you could change **one thing** about the training programme, what would it be?

17. What suggestions do you have for improving this course? (If you need more space, please use the back of this form.)

18. Do you have any other comments? (If you need more space, please use the back of this form.)

19. What is your overall rating of this course?

Please tick the appropriate box.

Excellent Very good Good Fair Poor

Surname (optional): _____

Please rate the individual workshop sessions
 5 = Excellent 3 = Average 1 = Poor 0 = Does not apply

Session	Content	Delivery or Presentation	Exercises	Additional Comments
<insert the name of the session>	5 4 3 2 1 0	5 4 3 2 1 0	5 4 3 2 1 0	
<insert the name of the session>	5 4 3 2 1 0	5 4 3 2 1 0	5 4 3 2 1 0	
<insert the name of the session>	5 4 3 2 1 0	5 4 3 2 1 0	5 4 3 2 1 0	
<insert the name of the session>	5 4 3 2 1 0	5 4 3 2 1 0	5 4 3 2 1 0	
<insert the name of the session>	5 4 3 2 1 0	5 4 3 2 1 0	5 4 3 2 1 0	
<insert the name of the session>	5 4 3 2 1 0	5 4 3 2 1 0	5 4 3 2 1 0	
Add additional rows needed.	5 4 3 2 1 0	5 4 3 2 1 0	5 4 3 2 1 0	

Please give this form to the workshop facilitator. Thank you.