Gateways to Opportunity® Registry-Approved Training Participant Evaluation Form

Title of Training Event: _____ Training Event ID: _____

Trainer(s) Name: _____ Registry Membership ID: _____ Training Date:_____

Thank you for taking the time to share your thoughtful and honest feedback.

SESSION CONTENT:

1. Did the training provide tools or strategies you can immediately apply in your program? If so, which one(s)?

2. What additional topics, tools, or strategies would you like to see in this training that would better support your work?

Choose TRUE or FALSE. If you circled FALSE, please provide a brief explanation.

3. The session was well-organized and efficient. ☐ TRUE ☐ FALSE
   If false, please explain: _____

4. The session information was relevant to me. ☐ TRUE ☐ FALSE
   If false, please explain: _____

5. The handouts and support materials were useful. ☐ TRUE ☐ FALSE
   If false, please explain: _____

INSTRUCTOR:

1. Did the trainer present the material in an engaging and interesting way? ☐ Yes ☐ No
2. Did the trainer provide enough opportunity for hands-on practice or real-world examples? ☐ Yes ☐ No
3. How knowledgeable was the trainer on this topic? ☐ Knowledgeable ☐ Neutral ☐ Uninformed

Additional Comments:

Please share a particular moment during the training that you believe had the most impact.