

3) Are you able to successfully transfer the skills learned to your workplace?

Yes _____ No _____

Please specify:

PRESENTATION:

Please circle the appropriate number with 1 = lowest rating and 10 = highest rating

- | | | | | | | | | | | |
|------------------------------------|---|---|---|---|---|---|---|---|---|----|
| 1. The concepts are well defined | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. The concepts are practical | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. The workbooks are user-friendly | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

FACILITATOR:

- | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|
| 1. The facilitator knows his/her subject | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. The facilitator creates a positive learning experience | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. The facilitator handles practical sessions well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. The facilitator handles the group well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

ADDITIONAL COMMENTS:

4) Does this training differ from other leadership training that you have completed?

Yes _____ No _____ Not Applicable _____

If so, how does it differ?

5) Would you like to see this training offered to others in your organization?

Yes _____ No _____

Please specify:

6) Do you know of any other organization or individual who may benefit from this training?

Yes _____ No _____

Please specify:

PARTICIPANT NAME: _____

ORGANIZATION: _____