



TASN Course Evaluation

Title of Course:	Instructor(s):
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Date(s):	Time:	Location:
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Attendee Status:
 Director Supervisor Manager Specialist Other (Please List) _____

Please read the following statements related to this training session. Rate by using the Scale (Strongly agree) to (Strongly Disagree) and putting an X accordingly.	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
1. This training was well designed and content/materials were appropriate to my current assignment.					
2. The trainer was knowledgeable in the training topic.					
3. Overall, the training session met or exceeded my expectations.					
4. I can apply what I learned in this session to my job.					
5. I would recommend this session to others.					
6. Attending this session increased my knowledge and skill on the topic.					

COMMENTS ABOUT THIS SESSION
The information I found <u>MOST</u> useful was:
Please share any additional comments: