

Facilitator Course Evaluation

Name/Email (optional): _____

Division (optional): _____

Please circle or check the appropriate response to each statement.

	Strongly <u>Disagree</u>	Disagree	Neutral	Agree	Strongly Agree
1. Facilitating the training was a positive experience for me.	1	2	3	4	5
2. I was given enough tools to be knowledgeable about the course content.	1	2	3	4	5
3. Course content was well-designed and easy to follow.	1	2	3	4	5
4. The handouts were useful and effective references.	1	2	3	4	5
5. Participants will be able to apply the concepts they learned in their jobs.	1	2	3	4	5
6. The group discussion activity contributed to learning.	1	2	3	4	5
7. Overall, I am satisfied with this experience.	1	2	3	4	5

Please write a short answer to the following questions:

8. Which video(s) did you present?

9. What is a learning item that you intend to implement in your job?

10. Are there learning items or subjects you would have liked to be included?

11. If you were to describe this facilitation experience to a coworker, what would you say?

COMMENTS:

Please complete this survey after each session and return it electronically to Brennan.Coatney@state.mn.us or by mail to Brennan Coatney, 400 Centennial Building, 658 Cedar Street, St. Paul, MN 55101. Thank you for your comments and feedback!