

Marion County Children Services Board
Prospective/Foster/Specialized Parent Training Evaluation and Knowledge Gained

Name: _____

Date of Training: _____

Title of Training: _____

Name of Trainer: _____

Number of Credit Hours Received: _____

..... Please provide us with your evaluation of this training. Your feedback will assist us in improving the quality of training.
Please utilize the rating system below.

CONTENT

1. The material was presented in a manner that kept my interest. _____
2. The material was presented effectively using the allotted time. _____

Comments:

PRESENTER

1. The presenter demonstrated competence regarding the topic. _____
2. The presenter demonstrated the ability to answer questions and respond to concerns. _____
3. The presenter was able to relate the content to your professional role or discipline. _____
4. Handouts, visual aids and other materials were effective and beneficial. _____
5. The presenter demonstrated cultural sensitivity. _____

Comments:

RELEVANCY

1. The content met my professional needs. _____
2. The content was suited to my skill level. _____

Comments:

1. Would you attend another training provided by this presenter? _____
2. What would have made this a more beneficial or pleasant training experience? _____

5=Excellent

4=Good

3=Aver

age

2=Fair

KNOWLEDGE LEVEL

- 1. Rate your knowledge level of the topic prior to the training. _____
- 2. Rate your knowledge level of the topic following the training. _____

Comments: _____

5=Excellent 4=Good 3=Average 2=Fair 1=Poor (Or) N/A

PLEASE LIST THREE CONCEPTS/SKILLS THAT HAVE BEEN INTRODUCED/REINFORCED BY THIS TRAINING.

- 1. _____

- 2. _____

- 3. _____

Foster Parent Signature

Placement Caseworker Signature