

# PITTSBURGH HEALTH CORPS YEAR-END TRAINING EVALUATION

**SAMPLE**

DATE OF SESSION \_\_\_\_\_

TOPIC \_\_\_\_\_

Please use the following rating scale:

1	2	3	4	5	6	7	8	9	10
poor		below average		average		above average		excellent	

WAS THIS INFORMATION USEFUL TO YOUR SERVICE THIS YEAR? \_\_\_\_\_yes \_\_\_\_\_no

WHY OR WHY NOT? \_\_\_\_\_

HOW COULD IT HAVE BEEN MORE USEFUL? \_\_\_\_\_

WAS THE TIMING APPROPRIATE FOR THIS INFORMATION? \_\_\_\_\_yes \_\_\_\_\_no

WHY OR WHY NOT? \_\_\_\_\_

DID YOU USE THIS INFORMATION AT YOUR SITE? \_\_\_\_\_yes \_\_\_\_\_no

IN YOUR PERSONAL LIFE? \_\_\_\_\_yes \_\_\_\_\_no

PLEASE GIVE EXAMPLES OF HOW YOU USED THIS INFORMATION: \_\_\_\_\_

\_\_\_\_\_

Pittsburgh Health Corps - AmeriCorps

DO YOU THINK THIS SESSION SHOULD BE REPEATED FOR NEXT YEAR'S MEMBERS?

yes  no

WHY OR WHY NOT? \_\_\_\_\_

**SAMPLE**

DO YOU FEEL THE INFORMATION WAS USEFUL BUT WOULD HAVE PREFERRED A DIFFERENT FORMAT? \_\_\_\_\_

WHAT TRAINING TOPICS WOULD HAVE BEEN BENEFICIAL TO YOUR SERVICE THAT YOU DIDN'T RECEIVE? \_\_\_\_\_

IF YOU ARE A CONTINUING / RETURNING MEMBER, WHAT TYPE OF LEADERSHIP ROLE WOULD YOU BE ABLE TO PROVIDE NEXT YEAR? \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_