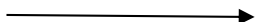


TRAINING EVALUATION FORM

Training Topic: Public Housing Specialist Training Dates: _____

Your feedback and comments are important to us. Using a scale from 1(unfavorable) to 5 (highly favorable), please circle your impression of the items listed below.

CURRICULUM		Low  High				
		1	2	3	4	5
1.	The training met my expectations.					
2.	I will be able to apply the knowledge learned.					
3.	The training objectives for each topic were identified and followed					
4.	The curriculum content was organized and easy to follow.					
5.	The materials distributed were pertinent and useful.					
6.	I will benefit from the knowledge I gained.					

INSTRUCTOR(S)		Low  High				
		1	2	3	4	5
1.	The presenters were knowledgeable.					
2.	The quality of instruction was good.					
3.	The presentations were interesting and practical.					
4.	The presenters met the training objectives.					
5.	Good training aids and audio-visual aids were used.					
6.	Class participation and interaction were encouraged.					
7.	Adequate time was provided for attendee questions.					
8.	Staff was interested and addressed attendees concerns.					

TRAINING SPECIFIC QUESTIONS		Low  High				
		1	2	3	4	5
1.	How do you rate the training overall?					
2.	The training will help me do my job better.					
3.	This training is worthwhile and should be conducted on a regular basis					

Comments: