



TRANSFORMING JAIL MINISTRIES  
INFLUENCE. INTEGRITY. INSIDE.

## Transforming Jail Ministries CCV Training Evaluation Form

Your feedback is very important to us.

Date: \_\_\_\_\_ Training Location: \_\_\_\_\_

The thing I liked best. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The thing I liked least. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This training/event would have been more helpful to me if... \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please evaluate how effective each of the following was based on your needs, using a scale where 1 is poor and 5 is excellent.

How would you rate the quality of the instruction/presentation? \_\_\_\_\_

How useful was the information presented? \_\_\_\_\_

Were the trainer(s)/presenter(s) knowledgeable and prepared? \_\_\_\_\_

Was the allotted time appropriate for this training/event? \_\_\_\_\_

Was the trainer/presenter open and responsive to questions and discussion? \_\_\_\_\_

How would you rate this training/event overall? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_