

FACILITATOR EVALUATION FORM

Training: _____ **Facilitator(s):** _____
Location: _____ **Date:** _____

It is important for the success of training within MOTIVA to quickly identify areas of improvement. We need to know how to do better next time. Best, in our opinion, is giving you the training you need. This form helps us learn how to better meet your training needs next time. Once you have completed the form, please leave it on your table at the end of the day's sessions. It will be picked up by the facilitator and forwarded to the Motiva Quality Manager. Help us serve you better.

Item	Met Participant Needs?				
	1 No	2	3 OK	4	5 Yes
Course Objectives:	<i>√ as appropriate below</i>				
Were you given the opportunity to help define them?					
Were they well defined?					
Were they achieved?					
Course Content:					
Was the material appropriate?					
Complexity (1=too complex or too simple ← → Perfect=5)					
Was the material clear to you?					
Volume (1=too much or not enough ← → Perfect=5)					
Did the handouts fit with this training - did they help?					
Facilitator Methods:					
Did the facilitator allow sufficient discussion?					
Did the facilitator encourage participation?					
Did the facilitator help bring out new group ideas?					
Did the facilitator help close out discussions?					
Would you accept this facilitator again?					
Catering and Facility:					
Was the seminar facility appropriate for the course?					
Was the lunch and breaks service acceptable?					

Other comments:

Name (Optional): _____