



**GRIFFIN-HAMMIS ASSOCIATES TRAINING EVALUATION**

Session Title:				Presenter:		
Date:		Location:		GHA Project:		
<b><i>Position/Title/Affiliation: Please circle most appropriate response</i></b>						
Top Admin	Manager	Board Member	Employment Specialist/Job Coach	VR Counselor	Consumer/Self Advocate	Family Member
Direct Service	Educator/Transition	Advocate	Employer/Business Owner	Case Manager	Clinician	Other
<b><i>Demographics: Please circle the most appropriate response</i></b>						
Gender: Male/Female		Age: Under 65/Over 65		Disability: Yes/No		
Latino/Hispanic	Native American	African American	Asian/Pacific Islander	Caucasian	Other	
<b><i>Please circle either Yes or No</i></b>						
1. Was your professional knowledge increased by this session?					Yes	No
2. Will what you have learned help in the performance of your job?					Yes	No
3. For the time allotted, enough information was presented? If no, please explain:					Yes	No
4. Were the materials used/distributed appropriate for this session?					Yes	No
5. Was the presenter knowledgeable concerning the topic?					Yes	No
6. Was the presentation clear & understandable?					Yes	No
7. Would you recommend this session to your colleagues?					Yes	No
8. Did this session meet your needs? If no, please explain:					Yes	No
9. Would on-site technical assistance be helpful in implementing the subject matter discussed in this session?					Yes	No
10. What could Griffin-Hammis or the Presenter do to improve future sessions?						
11. What next steps would be helpful to you in implementing this information?						
12. What specific benefits did you receive from this session?						
13. If you would like to receive additional information from GHA, please print your e-mail address here:						
14. Additional Comments:						