



# OAH PAF REGIONAL TRAINING

Collaborating with Partners and Building Program Support

## Grantee Training Feedback Form – DAY 1

May 15-16, 2012  
Indianapolis, IN

### 1. Please indicate whether you agree or disagree with the following statements:

|   | Strongly Disagree        | Disagree                 | Neither Agree nor Disagree | Agree                    | Strongly Agree           |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| The training met my expectations.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| The training was of high quality.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| I expect to use the information gained from the training.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| The opportunities for skill-based learning were sufficient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

### 2. How much do you agree or disagree with the following statements? Please rate each.

|   | Strongly Disagree        | Disagree                 | Neither Agree nor Disagree | Agree                    | Strongly Agree           |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| The presenter conveyed the information clearly.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| The presenter was knowledgeable about the subject matter.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| The presentation provided important and useful information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| The session activities were helpful.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| The session generated opportunities for applied learning.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

### 3. Any additional comments you would like to share that would help us improve future trainings?

Thanks for your feedback!