

2011-2012 Agent Services Training Course Evaluation Sheet

Date Attended _____ Class Type Attended _____

Location _____

Name of Presenter(s) _____

Name of Attendee _____

Attendee Email Address _____

Attendee Telephone Number _____

In order to improve the quality of future training sessions, we would like to know your thoughts about today's program. Please complete the following questions and give this sheet to the presenter(s) before you leave. Thank you.

Please rate the training course on the following criteria:

	Excellent	Very Good	Good	Poor	Very Poor
Quality of Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials/Handouts Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What topics would you like to have discussed next season?

What can be done differently in the training courses to better meet your needs?

Comments/Suggestions regarding today's presentation.
