**EVALUATION**

**Rate how well today’s training achieved our goals**  (1=Not at all, 4=Extremely well)

***Mission/Goals:*** Rate how well the training introduced you to our mission & goals: 1 2 3 4

***Context:*** Rate how well the training explained the context of your work with OFA: 1 2 3 4

***Skills:*** Rate how well the training familiarized you with tactics we use to pursue our goals: 1 2 3 4

**Please rate and evaluate each section of the training**

|  |  |
| --- | --- |
| [Insert Session Title] ([Insert Trainer Name])  Facilitation: 1 2 3 4  Content: 1 2 3 4  Comments:  [Insert Session Title] ([Insert Trainer Name])  Facilitation: 1 2 3 4  Content: 1 2 3 4  Comments:  [Insert Session Title] ([Insert Trainer Name])  Facilitation: 1 2 3 4  Content: 1 2 3 4  Comments: | [Insert Session Title] ([Insert Trainer Name])  Facilitation: 1 2 3 4  Content: 1 2 3 4  Comments:  [Insert Session Title] ([Insert Trainer Name])  Facilitation: 1 2 3 4  Content: 1 2 3 4  Comments:  [Insert Session Title] ([Insert Trainer Name])  Facilitation: 1 2 3 4  Content: 1 2 3 4  Comments: |
|  |  |

**Please give us your feedback on the training overall**

What did you like most about the overall training?

What should we change in future trainings like this?

Additional Comments?