

**TAKING CARE TRAINING - EVALUATION FORM**

**Type of Training Foundation** or **Refresher**

Name of Congregation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Training: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you feel that the training session fulfilled its purposes?**

*not at all slightly largely thoroughly*

*If not – please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**On a scale of 1 to 5 - how would you rate the following:**

***(Please circle number of your choice)***

**TRAINING CONTENT:** *Not Relevant 1 2 3 4 5 Very Relevant*

**TRAINING DELIVERY:** *Not Effective 1 2 3 4 5 Very Effective*

**On a scale of 1 to 5 - how would you rate the training session overall?**

***(Please circle number of your choice)***

*Weak 1 2 3 4 5 Excellent*

**Do you have any other comments that you would like to add?**

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**Once complete – please return to:**

Taking Care, Assembly Buildings  
2-10 Fisherwick Place,

Belfast, BT1 6DW

