Home From Work™

DATE OF TRAINING: _____ **LOCATION:** _____

Thank you for attending our Home From Work™ training. In an effort to improve future trainings, we ask that you answer this short evaluation form. We greatly value this feedback and thank you for participating in our survey.

Please rate your satisfaction with the training on a scale of 1 to 5 with 5 being very satisfied. Please circle one response for each. If unable to rate, indicate N/A.

1 = Very dissatisfied 2 = Dissatisfied 3 = Neither dissatisfied nor satisfied 4 = Satisfied 5 = Very satisfied

Speaker's clarity & projection	1	2	3	4	5	N/A
Speaker's ability to communicate the information	1	2	3	4	5	N/A
Speaker's expertise & experience related to the topic	1	2	3	4	5	N/A
Structure and flow of the training	1	2	3	4	5	N/A
Usefulness of the role-plays	1	2	3	4	5	N/A
Quality and usefulness of the training materials	1	2	3	4	5	N/A
Use of additional media	1	2	3	4	5	N/A
Content of training information	1	2	3	4	5	N/A
Relevance to industry	1	2	3	4	5	N/A
Facilities	1	2	3	4	5	N/A
Overall value of attending the training	1	2	3	4	5	N/A

What comments or suggestions would you give to NAR for future Home From Work™ Trainings? _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PLEASE RETURN COMPLETED SURVEYS TO TRAINER!