



Feather River Community College Professional Development

RATING SHEET

NAME OF WORKSHOP: _____

PRESENTER: _____ DATE: _____

Please rate the training presentation and give us your comments and suggestions.

5 = Excellent/ Strongly Agree 1 = Poor/ Strongly Disagree

(Circle one number only)

Overall evaluation of training	5	4	3	2	1
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Training as applicable to my work responsibility/tasks	5	4	3	2	1
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Evaluation of facilitator	5	4	3	2	1
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The most valuable part of this training was: _____

What was missing from this training/ what could have been done differently?: _____

Comments and suggestions:
