



Comprehensive, Integrated, Three-Tiered (Ci3T) Models of Prevention
Session Evaluation

Default Question Block

Name:

School:

Date of session:

☐ ENTER DATE

Please rate how the overall training did the following:

	Unsuccessful				Successful
	1	2	3	4	5
The communication prior to the event by the professional development staff was sufficient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The objectives of the training session were addressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information presented at this training was useful to my work, classroom, and/or school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The format of the training kept me engaged.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training content was based on current research.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The session met or exceeded my expectations for professional development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall opinion of the training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your feedback is critical in improving future training opportunities. Please use the space below for additional comments, recommendations, or commendations.

Thank you for your time!
We appreciate you attending and giving us feedback!

