



Training Evaluation Form

Thank you for participating in a CSH training! Your feedback is very important. Please take a few minutes to complete this survey.

Training Title: HomeFirst Atlanta Developing and Operating Quality Supportive Housing_ Date: December 7, 2018

Trainer Name(s): Jane Bilger, Robyn Andrews, Regina Cannon

Statement	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
1. The objectives of the training were clearly defined.					
2. The training was organized and easy to follow.					
3. The training was useful and relevant to my job/organization.					
4. The training was engaging.					
5. As a result of the training, I am more confident in my knowledge and ability.					
6. I will recommend this training to others.					
7. The time allotted for the training was sufficient.					
8. The facilitator was knowledgeable about the training topics.					
9. The facilitator was well-prepared.					
10. The training facilities were adequate and comfortable.					
11. What did you like most about the training?					
12. What additional training topics would be helpful to you?					
13. How can we improve this training?					
14. Do you want to receive more information about CSH events, trainings and resources? ____Yes ____No					
15. May we use any of your comments as a testimonial for our trainings? ____Yes ____No					
16. What is your email address?					