Evaluation

Date:	Location (City):
Date	Location (Oity).

Self-Assessment of Knowledge and Skills

Please review the following list of knowledge and skills statements. Give some thought to what you knew before this training and what you learned here today. Circle the number that best represents your knowledge and skills **before** and **after** this training.

Before				After							
	Tra	aini	ng		Rating Scale: 1 = Low 3 = Medium 5 = High	<u>Tr</u>			raining		
1	2	3	4	5	I can accurately verify and track Social Security Number 1 2 3 4 applications.						
1	2	3	4	5	I can complete absent parent information to assist with Child 1 2 Support collections.						
1	2	3	4	5	I can correctly enter employment information based on various circumstances.					5	
1	2	3	4	5	I can define CWW logic, including Begin Month/End Month and prospective eligibility determination.	1 2		3	4	5	
1	2	3	4	5	I can describe W-2 Placement processes, including episodes, future dating, and CMF logic.	1 2		3	4	5	
Co	mm	ent	s:								

Course Material Evaluation

Please rate the following statements using a 1 through 5 scale where:

1 = Disagree Strongly 5 = Agree Strongly		R	atir	ıg	
This course was excellent and of value to my professional development.	1	2	3	4	5
The activities, exercises and examples were realistic and aided in my learning.	1	2	3	4	5
The material covered in this course was relevant to my day-to-day job functions.	1	2	3	4	5
The feedback, strategies and other ideas that I received today will be useful to my case management practices when I return to my agency.				4	5
I was well engaged with what was going on during the program.				4	5
As a result of this training, I feel more confident in my capacity to work with W-2 Participants.	1	2	3	4	5
Comments:					

Trainer(s) Assessment

Please rate this training in terms of Trainer's Expertise, Clarity, Time Management and Ability to Answer Questions. Provide any additional feedback in the Comments section. Circle the appropriate numbers.

Rating Scale: 1 = Low 3 = Medium 5 = High

Expertise	1	2	3	4	5
Clarity	1	2	3	4	5
Time Management	1	2	3	4	5
Ability to Answer Questions	1	2	3	4	5
Commonte					

Comments:

Additional Feedback

Please take a moment to answer the following questions. Your comments are an important contribution as we create and update trainings to meet your professional needs.

- What do you feel were the **strengths** of this training?
- What do you feel were the weaknesses of this training?
- How can we **improve** this training?
- From what you learned, what will you be able to **apply** on your job?
- What additional training would be valuable to you related to this topic?