

Religious Leaders Training Evaluation

Participant Name:

Training Title:

Date:

Facilitator(s):

SESSION EVALUATION

| Aspect | Excellent | Good | Fair | Poor |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Content Relevance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Facilitator Effectiveness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Materials/Resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Venue & Arrangements | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Most valuable part of the training:

Areas that need improvement:

Suggestions for future training:

OVERALL SATISFACTION



Very Satisfied



Satisfied



Neutral



Dissatisfied



Very Dissatisfied