



Vision Screening Training Evaluation Form

Training Date: _____

Address: -----

Note: On scale 1-4, 4 being the best, please rate the facilitator(s) on the following:

Please check the box to respond to the following training areas:

TRAINING FACILITATOR/ PROCTOR	Poor	Fair	Good	Excellent
Facilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAINING CONTENT	Strongly Disagree	Disagree	Agree	Strongly Agree
I was well informed about the objectives of this workshop	1	2	3	4
The training materials provided were useful	1	2	3	4
The contents were relevant	1	2	3	4

TRAINING RESULTS	Strongly Disagree	Disagree	Agree	Strongly Agree
The program met my expectations	1	2	3	4
I will be able to use what I learned in this training	1	2	3	4

Comments:

Completion of this evaluation is needed to receive a certificate of attendance.