

TRAINING EVALUATION FORM

We are very interested in your assessment of the training provided today and would like to ask your cooperation in completing this form. For each statement, please indicate if you agree or disagree using a rating scale from 1 to 7. A rating of “1” indicates that you strongly **DISAGREE** with the statement while a rating of “7” indicates that you strongly **AGREE** with the statement. A score of “4” indicates that you neither agree nor disagree or have no opinion.

TRAINING ELEMENTS	Circle your response Disagree -----Agree						
The Content							
The topic was clearly defined and training objectives clearly stated.	1	2	3	4	5	6	7
The training provided sufficient detail on all relevant topics.	1	2	3	4	5	6	7
The training offered sufficient opportunity for participant questions and discussion.	1	2	3	4	5	6	7
The training format provided me opportunities to get to know the other participants attending the session.	1	2	3	4	5	6	7
The training was too technical and difficult to understand.	1	2	3	4	5	6	7
The training gave me some practical information that will be useful in my work.	1	2	3	4	5	6	7
I got most of my questions answered during the training.	1	2	3	4	5	6	7
The training sessions did not allow sufficient time for breaks or to talk informally with other participants.	1	2	3	4	5	6	7
The material distributed during the training was helpful to me in understanding what the speakers were presenting.	1	2	3	4	5	6	7
The schedule for the training provided sufficient time to cover all of the proposed activities.	1	2	3	4	5	6	7
I am still very unclear about how I would use the information provided during the training in my work.	1	2	3	4	5	6	7
The Presenters							
The presenters were knowledgeable about the topic.	1	2	3	4	5	6	7
The presenters were well prepared for the session.	1	2	3	4	5	6	7
The presenters answered questions in a complete and clear manner.	1	2	3	4	5	6	7
The presenters talked too much.	1	2	3	4	5	6	7
The presenters were respectful of the different skills and values presented by the participants.	1	2	3	4	5	6	7
The trainer did not invite participants to disagree or offer alternative points of view.	1	2	3	4	5	6	7
I would want to attend another session provided by ISPCAN.	1	2	3	4	5	6	7
I would like to have these speakers meet with my colleagues and others in my agency.	1	2	3	4	5	6	7

TRAINING ELEMENTS	Circle your response						
	Disagree -----Agree						
The Facility	1	2	3	4	5	6	7
The meeting room and related facilities provided a comfortable setting for the training.	1	2	3	4	5	6	7
The location for the training was convenient for me and easy to find.	1	2	3	4	5	6	7
The refreshments and food provided were of high quality.	1	2	3	4	5	6	7
The audiovisual equipment worked well.	1	2	3	4	5	6	7
The sessions lasted about the right amount of time.	1	2	3	4	5	6	7
General Satisfaction							
This training is among the best trainings I have received on the topic of child abuse.	1	2	3	4	5	6	7
I was generally very satisfied with all aspects of this training event.	1	2	3	4	5	6	7
I plan to keep in contact with professionals I met at the training.	1	2	3	4	5	6	7
This training addressed an important aspect of the child abuse problem in my country.	1	2	3	4	5	6	7
I plan to share the information I received during the training with other workers in my agency.	1	2	3	4	5	6	7
This training provided me an opportunity to meet other professionals in my community/region from different disciplines and backgrounds.	1	2	3	4	5	6	7

The following questions will help us better understand who participated in the training.

1. Please indicate your **primary** discipline (CHECK ONLY ONE)

- | | |
|---|--|
| <input type="checkbox"/> Social Work/Social Welfare | <input type="checkbox"/> Physician (Pediatrics) |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Physician (Psychiatry) |
| <input type="checkbox"/> Education/Teacher | <input type="checkbox"/> Physician (Other) |
| <input type="checkbox"/> Legal (Lawyer/law enforcement) | <input type="checkbox"/> Other Medical (e.g., nursing) |
| | <input type="checkbox"/> Other discipline: _____ |

2. Please indicate your **primary** occupation (CHECK ONLY ONE)

- | | |
|--|--|
| <input type="checkbox"/> Therapist for adults/families | <input type="checkbox"/> Primary Care Physician |
| <input type="checkbox"/> Therapist for children | <input type="checkbox"/> Other health care provider |
| <input type="checkbox"/> Teacher/child care provider | <input type="checkbox"/> Public official/administrator |
| <input type="checkbox"/> NGO administrator/manager | <input type="checkbox"/> Academic/Researcher |
| | <input type="checkbox"/> Other occupation: _____ |

3. Please indicate how long you have worked in the field of child abuse and neglect.

- Less than 5 years
 5 – 10 years
 Over 10 years

4. What proportion of your work involves responding to the problem of child abuse and neglect?

- Less than 25% of my time involves responding to child abuse
- 25 to 50% of my time involves responding to child abuse
- Over 50% of my time involves responding to child abuse

5. Overall, how well prepared do you think those working in your agency are to respond to the problem of child abuse and neglect?

- Most are well prepared/knowledgeable about child abuse
- About half are well prepared/knowledgeable about child abuse
- Less than half are well prepared/knowledgeable about child abuse

6. Please indicate the relative involvement of each of the following community sectors in providing support for child abuse treatment and prevention services in your country/region.

Agency Type	Please circle correct response				
	Totally Active	Somewhat Active	Somewhat Inactive	Totally Inactive	Do not know
Hospitals/Medical Centers	1	2	3	4	9
Mental Health Agencies	1	2	3	4	9
Businesses/Factories	1	2	3	4	9
Primary/Secondary Schools	1	2	3	4	9
Public social service agencies	1	2	3	4	9
Community-based NGOs	1	2	3	4	9
Religious institutions	1	2	3	4	9
Voluntary civic organizations	1	2	3	4	9
Courts/law enforcement	1	2	3	4	9
Universities	1	2	3	4	9
Other (specify):	1	2	3	4	9
Other (specify):	1	2	3	4	9

**Country Project Leaders – please add your specific training related questions for evaluation:

1.

2.

3.

THANK YOU FOR YOUR FEEDBACK ON THIS ISPCAN TRAINING EVENT