

Name (optional): \_\_\_\_\_

Date: \_\_\_\_\_

Training Title: \_\_\_\_\_



United Way  
of Central Maryland

## TRAINING EVALUATION

Please complete the following evaluation form and return it via email to Senior Director, 211 MD at UWCM.

1. <i>My most significant learning was...</i>
2. <i>I liked it best when we...</i>
3. <i>Was the training relevant to your current position?</i>
4. <i>I was confused when...</i>
5. <i>If you could change one thing about the training, what would it be?</i>
6. <i>Did the time required to complete your training align with your expectations?</i>
7. <i>Additional comments:</i>
8. <i>Select the answer that best indicates the value of this training for you:</i>  <input type="checkbox"/> <b>Very valuable</b> <input type="checkbox"/> <b>Moderately valuable</b> <input type="checkbox"/> <b>Not valuable</b>