

Name (optional): _____

Date: _____

Trainer Name: _____



United Way
of Central Maryland

TRAINER EVALUATION

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

1. I liked it best when we...
2. It would have been better if...
3. Was your trainer supportive and engaging?
4. Did your trainer answer all your questions/concerns? If so, were they clear and concise?
5. My trainer(s) could have tried...
6. Additional comments
7. Select the answer that best indicates the value of this training for you. <input checked="" type="checkbox"/> Very valuable <input type="checkbox"/> Moderately valuable <input type="checkbox"/> Not valuable