



Training Participant Residence ZIP CODE \_\_\_\_\_

# Training Evaluation

Name of Training Event

Trainer(s):

Date & Time of Training

### This workshop was designed:

- To increase community awareness of issues facing veterans
- To educate service providers about the aspects of trauma experienced by veterans and their families and about the kinds of services that can best help them
- To equip service providers to improve existing programs and to develop new programs that address the trauma experienced by veterans and their families

Please rate the following statements as they apply to this training by circling the appropriate number at right

	Strongly Disagree		Agree		Strongly Agree
1. I have an increased awareness of issues facing veterans	1	2	3	4	5
2. I am better educated about the aspects of trauma experienced by veterans and their families	1	2	3	4	5
3. I am better educated about the kinds of services that can best help veterans and their families	1	2	3	4	5
4. I am better equipped to improve existing program that address the trauma experienced by veterans and their families	1	2	3	4	5
5. I am better equipped to develop new programs that address the trauma experienced by veterans and their families	1	2	3	4	5
6. Overall, this was a good workshop	1	2	3	4	5

Please rate the overall effectiveness of the presenter(s)

Poor		Average		Excellent
1	2	3	4	5

As a result of this training, when I return to my work or community, I will:

(Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Make no changes          | <input type="checkbox"/> Develop new services                   |
| <input type="checkbox"/> Improve current services | <input type="checkbox"/> Develop new programs                   |
| <input type="checkbox"/> Improve current programs | <input type="checkbox"/> Make other changes<br>(Please specify) |

Other comments about this training and/or other trainings you need (please use reverse side for additional room for comments):

Thank you. Your responses are confidential.



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