**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 Agree StronglyDisagree Agree |
| 1. I have an increased awareness of issues facing veterans
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am better educated about the aspects of trauma experienced by veterans and their families
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am better educated about the kinds of services that can best help veterans and their families
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am better equipped to improve existing program that address the trauma experienced by veterans and their families
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am better equipped to develop new programs that address the trauma experienced by veterans and their families
 | 1 | 2 | 3 | 4 | 5 |
| 1. 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) |
| * Make no changes
 | * Develop new services
 |
| * Improve current services
 | * Develop new programs
 |
| * Improve current programs
 | * Make other changes

(Please specify) |

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

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**Thank you. Your responses are confidential.**