

**EVALUATION ON
CERTIFIED TRAINER
By: DISTRICT**

Certified Trainer Name: _____

Date: _____

Location: _____

District: _____

PLEASE CIRCLE (5 highest/1 lowest)

Speaking Abilities 1 2 3 4 5
• Comments: _____

Knowledge & Preparation of Topics 1 2 3 4 5
• Comments: _____

What topics were covered by the CT and how much time was spent on each?

Level of Enthusiasm & Optimism 1 2 3 4 5
• Comments: _____

Professional Appearance 1 2 3 4 5
• Comments: _____

Overall Evaluation of Presentation(s) 1 2 3 4 5

Please state your candid comments on what the Certified Trainer did or didn't do that helped or hindered the overall effectiveness of the training. (i.e. discussions or information gathered prior to the training, specific training done during the conference, any follow up planned for after the conference) How can we improve the overall effectiveness of the trainers?

Name: _____ Title: _____