

# PRESENTER/FACILITATOR EVALUATION REPORT

Name \_\_\_\_\_ Hours trained \_\_\_\_\_

Name of course/workshop \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_

1. Do you feel the training site was appropriate for this type of course?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why? \_\_\_\_\_

2. Time: (circle one)      Too Much      Enough      Not Enough

3. Do you feel the course content is adequate? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please explain. \_\_\_\_\_  
\_\_\_\_\_

4. Do you feel the outline and trainer resource is sufficient for you, the facilitator?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_  
\_\_\_\_\_

5. Do you have any additional materials, activities, etc. that you feel would enhance this course? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach.

6. Please check the training delivery techniques that you used with this group:  
\_\_\_\_\_ lecturette      \_\_\_\_\_ group discussions      \_\_\_\_\_ role playing  
\_\_\_\_\_ visuals      \_\_\_\_\_ small group activities      \_\_\_\_\_ other

7. Did you set up a resource/display table? Yes \_\_\_\_\_ No \_\_\_\_\_ Please attach a list of any non-Girl Scout materials you are displaying or suggestions you have for new materials.

8. Did you discuss future training opportunities? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Your personal comments regarding this training/workshop. (Please continue on back if necessary)

**Note:** Please return this form, sign-in sheets and participant evaluations **immediately following the training/workshop** to:

Training Registrar  
Girl Scouts of San Jacinto Council  
3110 Southwest Freeway  
Houston, TX 77098

Office Use Only
Course Number _____
Date Received _____