



Victor Valley College
Foster and Kinship Care Education (FKCE)
Independent Living Program (ILP)
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Training Evaluation Form

Training Date: _____

Training Title: _____

Training Location: _____

Trainer Name: _____

Participant Name: _____ Phone: _____

We need to know how we are doing in several areas: Training Topics, Trainers, Length of class, Level of information given, etc. Please help us improve the education provided. Please comment on the following items:

1. **Training topic:** Was the information helpful? _____

What information would you add to the training?

2. **Trainer:** Was the trainer prepared? _____

Did the trainer involve the participants? _____

Would you like to hear this trainer present again? _____

3. Which part of the training was most useful to you? Why?

4. Which part of the training was least useful to you? Why?

5. Training topics you suggest:

6. Other comments:

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