

# BIAOR Training Evaluation

## ACBIS Certification (2010)

What is your position?

- |   |  |
|---|--|
| <input type="checkbox"/> VR Administrator<br><input type="checkbox"/> VR Counselor<br><input type="checkbox"/> VR Other Direct Service Staff<br><input type="checkbox"/> VR Facility-based Staff<br><input type="checkbox"/> VR CAP Staff<br><input type="checkbox"/> VR CIL Staff<br><input type="checkbox"/> VR American Indian Rehab | <input type="checkbox"/> VR Other Staff<br><input type="checkbox"/> VA<br><input type="checkbox"/> Direct Service Provider<br><input type="checkbox"/> Independent Living<br><input type="checkbox"/> Other Staff _____<br><input type="checkbox"/> Other Position _____ |
|---|--|

Please circle the response that best describes your opinion of the following statements.

1. This was a high quality training/activity.

- Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

2. The presenter/facilitator was effective.

- Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

3. The training/activity was useful in improving my professional skills, knowledge, and abilities.

- Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

4. This training/activity was relevant to my job.

- Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

5. The training/activity format was effective (e.g. materials, technology, method of delivery).

- Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

What were the useful aspects of the training?

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What could have improved the training?

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Other Comments?

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