

# TRAIN THE TRAINER WORKSHOP

## Pre-Class Survey

The purpose of the Pre-Class Survey is to:

- Provide background information to the instructor on students
- Help track the effectiveness of marketing activities

Your instructor(s) want to do as much as possible to ensure that this class meets your needs. In order to help us do this, please complete this survey and return it in the enclosed self-addressed/stamped envelope by **4/12/01**.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

1. Have you ever conducted training for adults before?  Yes  No

2. What topics have you taught to adults?  
\_\_\_\_\_

3. Are you currently training adults (any form)?  Yes  No

If so, how many? \_\_\_\_\_

What topics are you teaching? \_\_\_\_\_

4. How many years experience do you have in training adults?

No formal experience

More than 5 but less than 10 years

Less than 2 years

10 or more years

2 to 5 years

5. In what type of educational setting do you work?

Public School System

Private School System

Community College

IHL

6. How many years have you been teaching (any form)?  0 – 3  4 – 7  8 – 10  More

7. What courses/grade level(s) are you currently teaching?  
\_\_\_\_\_

8. Why are you taking this course? \_\_\_\_\_

9. What do you want to gain from this course? \_\_\_\_\_

**Thank you for providing the information above. If you have further questions or comments, you may telephone \_\_\_\_\_ at 1-800-\_\_\_\_\_ or e-mail \_\_\_\_\_.**



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May 1 – 2, 2001  
Canton, MS

This evaluation asks for your opinion on the course, and is anonymous. Your responses will help us improve the quality of the course and its value to future participants. Please indicate the degree to which you agree with the following statements about the course. (1 = low; 6 = high).

CUSTOMER SERVICE	LOW						HIGH					
Rate our service during registration	1	2	3	4	5	6						
Rate the cost of the program	1	2	3	4	5	6						
Comfort and convenience of facilities	1	2	3	4	5	6						
INSTRUCTOR (S)	LOW						HIGH					
Style of delivery	1	2	3	4	5	6						
Knowledge of subject	1	2	3	4	5	6						
Ability to involve group	1	2	3	4	5	6						
Ability to communicate	1	2	3	4	5	6						
Ability to sustain interest during sessions	1	2	3	4	5	6						
Overall rating of instructor	1	2	3	4	5	6						
OVERALL INSTRUCTION	LOW						HIGH					
Course objectives were clear	1	2	3	4	5	6						
Course materials were well organized	1	2	3	4	5	6						
Audio/Visuals were clear	1	2	3	4	5	6						
Likelihood of recommending this course to others	1	2	3	4	5	6						
How do you rate your understanding of what was to be taught vs. what was actually taught	1	2	3	4	5	6						

## Additional Comments:

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What did you find most valuable? \_\_\_\_\_

Did the course meet your expectations? \_\_\_\_ Yes \_\_\_\_ No

Suggested improvements? \_\_\_\_\_

Suggestions for future programs or follow-up topics? \_\_\_\_\_

How did you hear about our program? \_\_\_\_ Brochure \_\_\_\_ Friend \_\_\_\_ Other

If registration was available via the Internet, would you use this method to register? \_\_\_\_ Yes \_\_\_\_ No

Would you like this program presented to your organization? \_\_\_\_ Yes \_\_\_\_ No

May we use your comments in future publications? \_\_\_\_ Yes \_\_\_\_ No

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_