



Elder Justice Advocate Project: Training Evaluation

Your feedback is important to us!

Date: _____ Location of Training: _____

Presenter Knowledge	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Presentation Rating	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>

Was the presenter well-prepared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did your knowledge increase because of this presentation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you recommend this presentation to a colleague?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What can be improved?	
Other comments:	
Suggestions for future webinar topics and speakers:	