



DISASTER RELIEF TRAINING EVALUATION FORM

*(This evaluation form is for you to help us make our training events even better.
Please keep in mind the facilitator is a volunteer, just like you.)*

Date _____

Name of Training: _____

Name of Facilitator(s): _____

Overall, how would you rate the following on a scale of 1 to 5?

Unsatisfactory	Somewhat unsatisfactory	Neutral	Somewhat satisfactory	Satisfactory
1	2	3	4	5

Material: _____

Presentation/Discussion: _____

Length of Training: _____

Did this workshop meet your expectation? Yes _____ No _____
If not, please explain.

What did you like about the training?

What other suggestions and/or comments do you have regarding this training?

Optional: Name _____

Tennessee Baptist Churches giving through the Cooperative Program and the Golden Offering for Tennessee Missions make TBC ministries possible.

