



# Mandatory Reporter Training Evaluation Form

Presented by:  
Monterey County Department of Social Services  
Family and Children's Services



Date: \_\_\_\_\_

Training Location: \_\_\_\_\_

Trainers: \_\_\_\_\_

**Instructions:** Please indicate your level of agreement with the statements listed below in #1-11.

|  | Strongly<br>Agree     | Agree                 | Neutral               | Disagree              | Strongly<br>Disagree  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. The objectives of the training were clearly defined.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Participation and interaction were encouraged.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. The topics covered were relevant to me.                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. The content was organized and easy to follow.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. The materials distributed were helpful.                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. This training experience will be useful in my work.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. The trainer was knowledgeable about the training topics.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. The trainer was well prepared.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. The training objectives were met.                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. The time allotted for the training was sufficient.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. The meeting room and facilities were adequate and comfortable. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(More questions on back →)

12. Any other feedback/ideas you may want to provide?

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