

TRAINING EVALUATION FORM

Your Name (Optional):

Trainer: Jim Moudry

Date/Time of Training: Aug 27, 2009/1130-1230
CST

Site: SES - Bellevue, NE

Topic: **CMMI for Services**

To assist us in improving the course, please respond completely and objectively to the following questions. On each of the following scales, place an "X" at the point that you believe best describes this training session and how satisfied you were:

| Training/Instructor: | | 5 | 4 | 3 | 2 | 1 |
|--|----------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| 1. Training organization: | Very Satisfied | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dissatisfied |
| 2. Effectiveness of training material presented | Very Satisfied | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dissatisfied |
| 3. Instructor(s) knowledge of subject: | Excellent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Poor |
| 4. Did instructor(s) present material logically and clearly? | Excellent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Poor |
| 5. Questions were generally: | Well Answered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Poorly Answered |

| Timing: | | 5 | 4 | 3 | 2 | 1 |
|--|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|
| 6. Length of time allocated for material covered | Very Satisfied | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dissatisfied |
| 7. Training pace: | Too Fast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Too Slow |

| Training Materials: | | 5 | 4 | 3 | 2 | 1 |
|---|-----------|--------------------------|--------------------------|--------------------------|--------------------------|------|
| 8. The training material was "User Friendly" (clear, understandable and concise): | Excellent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Poor |
| 9. The training materials were adequate and assisted my learning: | Excellent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Poor |
| 10. The training materials were easy to follow: | Excellent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Poor |

| Overall: | | 5 | 4 | 3 | 2 | 1 |
|--------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|------|
| 11. Overall Rating | Excellent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Poor |

12. What was most interesting - helpful about this training?13. What would have made the course more effective?14. Comments or Suggestions: