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**Evaluation Instrument 5-2****Final Full-Program Evaluation Form**

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Please indicate your response by circling one number for each of the items below. Place this evaluation face down on the front desk as you leave. Thank you.

ABOUT THE EXPERIENCE	RATING		COMMENTS
	LOW	HIGH	
Instructor's knowledge of subject matter	1	2 3 4 5	
Instructor's skill in training	1	2 3 4 5	
Effectiveness of the worksheet materials	1	2 3 4 5	
Effectiveness of the visuals	1	2 3 4 5	
Learning value of the exercises	1	2 3 4 5	
Comfort of the facilities	1	2 3 4 5	
Adequacy of the preliminary arrangements	1	2 3 4 5	
Overall evaluation of the training program	1	2 3 4 5	

ABOUT THE SUBJECT MATTER	RATING		COMMENTS
	LOW	HIGH	
Amount of information I learned as a result of this training	1	2 3 4 5	
Likelihood that I will be make better decisions as a result of this training	1	2 3 4 5	
My level of knowledge about decision making prior to this training program	1	2 3 4 5	
What three things were most beneficial to you from this program?	1 2 3		
What two things from this training program were least useful to you?	1 2		

Other comments can be made on the back of the form.