



TPOT Reliability Training Workshop Participant Evaluation Form

Trainer's Name(s):	Date:
Location:	

SECTION ONE				
1. Which of the following best describes your knowledge of the TPOT <u>before</u> the training?	None <input type="checkbox"/>	Limited <input type="checkbox"/>	Moderate <input type="checkbox"/>	Extensive <input type="checkbox"/>
2. Which of the following best describes your knowledge of the Pyramid Model <u>before</u> the training?	None <input type="checkbox"/>	Limited <input type="checkbox"/>	Moderate <input type="checkbox"/>	Extensive <input type="checkbox"/>

SECTION TWO					
How much do you agree or disagree with each statement?					
	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
3. TRAINING OBJECTIVES AND CONTENT					
a. The objectives of the workshop were clearly explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall the workshop met its objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The materials were useful in the training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Following this training, I feel prepared to conduct a TPOT within a classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. THE TRAINER WAS:					
a. Knowledgeable about the TPOT and Pyramid Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Responsive to participants' questions and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Well-organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Able to present the material in an understandable way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION THREE				
5. Taking everything into account, which of the following best reflects your level of satisfaction with the training received?	Not at all Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input type="checkbox"/>	Highly Satisfied <input type="checkbox"/>

6. Provide any comments related to what you liked best about the workshop or suggestions for improvement: