Comprehensive, Integrated, Three-Tiered (CI3T) Models of Prevention

Training Session Evaluation

Name: _____ School: _____

Date of training: _____ Training session: 1 2 3 4 5 6

Please rate how the overall training did the following:	Unsuccessful				Successful
1. The communication prior to the event by the professional development staff was sufficient.	1	2	3	4	5
2. The objectives of the training session were addressed.	1	2	3	4	5
3. The information presented at this training was useful to my work, classroom, and/or school.	1	2	3	4	5
4. The format of the training kept me engaged.	1	2	3	4	5
5. The training content was based on current research.	1	2	3	4	5
6. This session met or exceeded my expectations for professional development.	1	2	3	4	5
7. Overall opinion of the training:	1	2	3	4	5

Your feedback is critical in improving future training opportunities (please use below and the back for additional comments, recommendations, or commendations).

Thank you for your time! We appreciate you attending and giving us feedback!

CI3T
Comprehensive, Integrated Three-Tiered Model of Prevention