

Participant/Teacher Name: _____ Date: _____

School: _____

Name of Instructor: _____ Name of Company: _____

Dates Attended Training: _____

PETS Training Evaluation

Please Evaluate The Training	Poor	Average	Excellent	N/A
Organization of content				
Handout(s)				
Audio / Visual presentation				
Learning activities				
Please Evaluate The Instructor:	Poor	Average	Excellent	
Overall effectiveness				
Knowledge of the topic				
Presentation skills				
Ability to involve the students				
How Strongly Do You Agree With The Following:	Strongly Disagree	Agree	Strongly Agree	
I would recommend this training to others				
I would recommend this instructor to others				

Other comments or recommendations: _____
