New Mexico Technology Assistance Program
**EVALUATION OF TRAINING**

*7/5/18*

**Please PRINT CLEARLY and fill in all information completely on this evaluation form. Provide positive and negative feedback that will allow us to maintain or improve training services.**

SATISFACTION WITH THE TRAINING YOU RECEIVED TODAY:

| Highly Satisfied | Satisfied | Somewhat Satisfied | Not Satisfied *(note reason please)* |
|---|---|---|---|
| | | | |

CHECK **ONE** AREA WHICH YOU FEEL BEST DESCRIBES YOUR ROLE IN LIFE:

| School | Job | DDW/CC/Healthcare | Community Rep | Ind. w/ Disability | Parent / Legal Rep | Tech Rep |
|---|---|---|---|---|---|---|
| | | | | | | |

CHECK YOUR PROFESSIONAL ROLE AND NOTE SCHOOL OR AGENCY YOU REPRESENT:

| Teacher | SLP | OT | PT | SW | EA | VR | Other | School District or Agency |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

CHECK ONE TO RATE YOUR LEVEL OF SKILL AND KNOWLEDGE
**BEFORE** TRAINING:

| Low | ← → | | | | High |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |

**AFTER** TRAINING:

| Low | ← → | | | | High |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |

BRIEFLY NOTE ANY COMMENTS YOU HAVE REGARDING THIS TRAINING:

| Strengths | |
|---|---|
| Improvements | |

NOTE ANY OTHER TRAINING YOU WOULD LIKE TO HAVE IN THE FUTURE:

| Topic(s) | |
|---|---|

I understand that this information is for program evaluation, improvement and grant reporting only. Personal information will be kept confidential. Email will allow for notice of upcoming program events.

**NM Technology Assistance Program / Governor's Commission on Disability**
**625 Silver Ave. SW, Suite 100B, Albuquerque, NM 87102**
**Phone 505-841-4464 /Fax 505-841-4467**

| FOR STAFF ONLY: Check the ONE Primary Topic of this training. | | | | |
|---|---|---|---|---|
| **1.** AT Products &/or Services | **2.** AT Funding, Policy &/or Practice | **3.** Information Technology / Telecommunications | **4.** Any combination of the first 3 choices | **5.** Transition |
| Date: | Title, Trainer & Location: | | | |