**SST Training Evaluation Form**

**(One-on-One or Small-Group: Hands-on Training)**

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| --- | --- |
| TRAINER: | DATE: |
| PROCESS: |  |
| **Instructions:** Please indicate your level of agreement with the statements listed |
| **SCALE: 4=Strongly Agree 3=Agree 2=Disagree 1=Strongly Disagree** |
| **TRAINING SKILL**In my opinion the trainer: | SCORE |
| **1** | **2** | **3** | **4** |
| Provided hard-copies of task documentation before training started |  |  |  |  |
| Clearly explained training expectations, format, logistics, and length  |  |  |  |  |
| Was supportive, encouraging and instilled confidence |  |  |  |  |
| Demonstrated each step in the process slowly and clearly |  |  |  |  |
| Named each task or step and identified it in documentation prior to demonstrating it  |  |  |  |  |
| Demonstrated common problems and troubleshooting techniques |  |  |  |  |
| Frequently allowed time for practice during training |  |  |  |  |
| Checked my work often during practice to ensure my accuracy |  |  |  |  |
| Ensured / observed my ability to do the entire task independently  |  |  |  |  |
| Showed me where and how to find references online |  |  |  |  |
| Materials provided were useful, clear and accurate  |  |  |  |  |
| Is available and responsive after training for questions and support |  |  |  |  |
| Was open about anything he or she did not know and followed up with answers, if needed |  |  |  |  |
| **Additional Comments:** |
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Please return completed form to CPDT/POD by campus mail or email to SST@lanecc.edu