**SST Training Evaluation Form**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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