

**OFFICE OF NATIVE AMERICAN PROGRAMS
TRAINING EVALUATION FORM**

General Information:

Course Title: Funding Opportunities
(USET Housing Committee)

Course Date: February 6, 2023

Do you represent your: _____Tribe_____TDHE_____ONAP_____Other

The Course (Check Box)

- Objectives were Achieved
- Subject Matter was well Organized
- Materials were Suitable (handouts, audio/visuals, etc.)
- Length of Course Appropriate Too short Too long
- Level of Difficulty Appropriate Too elementary Too advanced

Excellent	Good	Fair	Poor	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Instructor/Facilitator (Check Box)

- Subject Matter was well Organized
- Effectively kept Discussions Focused on Relevant Topics
- Created a Positive Environment
- Was Prepared and Organized

Excellent	Good	Fair	Poor	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Facilities (Check Box)

- Facilities were Conducive to Learning
(temperature, size, layout, location)

Excellent	Good	Fair	Poor	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Evaluation of the Course (Check Box)

Excellent	Good	Fair	Poor	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Your Knowledge/Skill Level
of the Subject Matter (Check Box)**

- Knowledge/Skill Level Before Course
- Knowledge/Skill Level After Course
- Content was Relevant to my Job

Excellent	Good	Fair	Poor	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and Suggestions:

- Suggestions to improve training:

- What future training would be most beneficial to you?

- Comments:
