



# TRAINING EVALUATION

Please help us improve the department's programs.  
 Please complete this form and turn it in before you leave today. **THANK YOU!**

DATE	EVENT TITLE	INSTRUCTOR/FACILITATOR
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	EXCELLENT	GOOD	OK	POOR
1. My level of knowledge, skill, and or ability related to this subject matter at the beginning of the program was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The content was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The presentation was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall, my rating is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My level of knowledge, skill, and or ability related to this subject matter as a result of this program is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What changes would have made this training more valuable to you? (Use the back if you need more space)

8. What other training programs would you like to see offered? (Use the back if you need more space)

## San Francisco Recreation & Park Department University

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