**NMSU Youth Program Training Evaluation**

Please help us improve our training programs by taking a few minutes to provide feedback on the training you just completed. Please answer honestly.

Training Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Module(s) Covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Place an "X" in the appropriate column: | **YES** | **NOT SURE** | **NO** |
| Did the training help you better understand your role in youth program safety? |  |  |  |
| Were the topics appropriate for your program / role? |  |  |  |
| Are you confident in your ability to help provide a safe environment during the youth program? |  |  |  |
| Was the instructor knowledgeable and able to answer questions, or find the answer for you? |  |  |  |

Please list any topics or material you feel should be added to this training:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any topics you feel should be expanded upon in future training:

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What else can we do to make this training better or more relevant?

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***Thank you for your participation and feedback!***