

## Child Welfare Trauma Training Toolkit Training Evaluation (Day 2)

### DAY 2: 8:30 AM – 4:15 PM

What best describes the organization you represent at this training? (check one):

- Child Welfare   
  Mental Health   
  County   
  Other Government Agency  
 Non-Governmental Agency   
  Consultant   
  Other (explain): \_\_\_\_\_

Job Title: \_\_\_\_\_

Please indicate your rating on the presentation in the categories below by marking the appropriate number, using a scale of 1 (*low/not covered within the presentation*) through 5 (*high/clearly covered in the presentation*).

ASSESS YOUR TRAINER(S)	Low					High
Level of knowledge in content area.	1	2	3	4	5	
Trainer(s) were effective and helpful.	1	2	3	4	5	
Level of consistency between content and objectives.	1	2	3	4	5	
ASSESS EACH INDIVIDUAL LEARNING OBJECTIVE						
Participants will be able to understand the term “child traumatic stress” and know what types of experiences constitute childhood trauma.	1	2	3	4	5	
Participants will be able to define the Essential Elements of Trauma-Informed Child Welfare Practice.	1	2	3	4	5	
Participants will be able to understand the relationship between a child’s lifetime trauma history and his/her behaviors and responses.	1	2	3	4	5	
Participants will be able to identify coping responses, strengths, and protective factors that promote positive adjustment among traumatized children.	1	2	3	4	5	

ASSESS WHAT YOU HAVE LEARNED	Low					High
I have better knowledge upon which to base my decisions and actions.	1	2	3	4	5	
This training has met my expectations.	1	2	3	4	5	
ASSESS YOUR SATISFACTION WITH THE OVERALL PROGRAM						
CONTENT						
Appropriate for intended audience.	1	2	3	4	5	
I am satisfied with the level of practical knowledge and skills presented at this training.	1	2	3	4	5	
TEACHING METHODS						
Visual aids, handouts, and oral presentations clarified content.	1	2	3	4	5	
Appropriate for subject matter.	1	2	3	4	5	
FACILITY						
Was adequate and appropriate for session.	1	2	3	4	5	
LOGISTICS						
I learned about the training with adequate time to plan my attendance.	1	2	3	4	5	
Registration was easy and straightforward.	1	2	3	4	5	

**Overall, I would rate Day 2 of this training as:**    **Excellent**    **Good**    **Average**    **Poor**

HELP US TO PLAN FUTURE TRAININGS
What did you like most about this training? _____ _____
What did you like least about this training? _____ _____
ADDITIONAL COMMENTS: _____ _____