



## DEC Approach Training

Date	
Location	
Presenter	

Please list your profession: \_\_\_\_\_

1. Your knowledge of content	Before Training					After Training				
	Very little		Great Deal			Very little		Great Deal		
	1	2	3	4	5	1	2	3	4	5
<b>2. Presenter(s):</b>										
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree				
1. The presenter(s) demonstrated thorough knowledge of the subject matter.		5	4	3	2	1				
2. The method of presentation held my interest.		5	4	3	2	1				
3. The presenter offered opportunity for questions.		5	4	3	2	1				
4. I would recommend this session to a colleague.		5	4	3	2	1				
<b>3. Content:</b>										
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree				
1. The content was appropriate for the audience.		5	4	3	2	1				
2. The content provided new information/ideas.		5	4	3	2	1				
3. I will be able to apply the knowledge learned.		5	4	3	2	1				
		Excellent	Very Good	Average	Poor	Very Poor				
4. Overall evaluation of this course?		5	4	3	2	1				

Comments:

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