UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW HAMPSHIRE

Evaluation Form for CM/ECF External Users' Training

Name: _____ (Optional) Date: _____

Rate each item listed below using the following scale:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1

Content Evaluation:

1. The objectives of the program were clear. _____
2. The training met the stated objectives. _____
3. The training was relevant to my present job duties. _____
4. The level of instruction was appropriate to my job skills and abilities. _____

Presenter's Evaluation:

1. The trainer was knowledgeable. _____
2. The trainer was organized and well prepared. _____
3. The trainer's style was effective. _____
4. The trainer encouraged participant interaction. _____

Presenter's Training Aids:

1. The audiovisuals were effective. _____

General Evaluation:

1. What area(s) should be added or emphasized more in the program?

2. What area(s) should be deleted or emphasized less in the program?

3. What improvements could be made to the program?

Use reverse side for comments on any aspect of the program.
Thank you for taking the time to complete this evaluation form.

3/25/02