



Training Dates: _____ Basic or Advanced

Format: 3 Day 4 Day (Consecutive or other) _____

Instructor: _____ Location: _____

| 1. CATEGORY RATING (5 being the highest and 1 being the lowest) | 5 | 4 | 3 | 2 | 1 |
|--|---|---|---|---|---|
| Clarity of explanation of Choice Theory® | | | | | |
| Usefulness of Reality Therapy Process | | | | | |
| Helpfulness of demonstrations | | | | | |
| Value of practice / role play | | | | | |
| Degree to which my expectations were met | | | | | |
| Handouts / training materials | | | | | |
| Presenter | | | | | |
| Overall value of the training | | | | | |

2. What I liked about the training: _____

3. Suggestions for improvement: _____

4. Are you interested in further training? Yes No Maybe

5. What type of follow-up would be most helpful? _____

