

STARS Training Evaluation Form

Directions: This evaluation form is for training. This form is not for conferences. In order to receive training hours through Wyoming STARS, return form to STARS within thirty (30) days of the training, or training hours **will not be** awarded. In order to get credit fill out your personal information including your STARS ID number.

Training Reference Number: _____ **Training Event ID:** _____

PERSONAL INFORMATION

Name: _____ **STARS ID#:** _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

Business Name: _____ Business Phone: _____

Business Mailing Address: _____

TRAINING INFORMATION

Title of training: _____ Date of training: _____

Name of trainer: _____ Length of training: _____

How would you rate	poor				excellent
1. The content of the training	1	2	3	4	5
2. The format of the training	1	2	3	4	5
3. Instructor's knowledge of this topic	1	2	3	4	5
4. The usefulness of the training	1	2	3	4	5

REQUIRED -- Write at least one sentence describing the content that is relevant to your program.

Additional Comments: _____

If you have questions, call 1.800.400.3999 or 1.307.772.9099

Email: info@wyo-stars.org Website: www.wyo-stars.org Fax: 307-463-9959

STARS 1401 Airport Parkway Ste 300, Cheyenne, WY 82001

Please keep a copy for your records

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