TRAINING HOURS WORKSHEET

|  |  |  |
| --- | --- | --- |
| **DATE:** |  |  |
| **NAME:** |  | |
| **ADDRESS:** |  | |

**TYPE** (please check one)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| Class | | Book | Television |
| Video | | Article | Audio |
| \*\*\* Other: |  | | |

|  |  |
| --- | --- |
| **About the Class:** | |
| **Name of Training:** |  |
| **Location:** |  |
| **Length of Session(s):** |  |
| **Subject:** |  |
|  |  |

|  |  |
| --- | --- |
| **About the Reading/Audio/Video:** | |
| **Title:** |  |
| **Length (i.e. 1 hour or 200 pages):** |  |
| **Subject:** |  |
| **Where can this training be located:** |  |
|  |  |

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING EACH TRAINING SESSION/VIDEO/AUDIO:

|  |  |
| --- | --- |
| **1. Summary of training (about 5 sentences):** | |
|  |
| **2. What did you gain/learn from this training:** | |
|  |
| **3. Would you recommend this to other providers? Why/Why not?** | |
|  |
| **4. Was it easy to understand or difficult to follow?** | |
|  |