

UF/IFAS Cooperative Extension In-Service Training Evaluation
Multi-state Food Safety and Quality Updates May 4th, 2006
Please FAX this form to Kathy Septer at (352) 392-8196

Please indicate how good or poor the training was on the following aspects: (Circle a number for each item)

	Very Poor	Poor	Average	Good	Very Good	N/A
Workshop design and logistics						
Organization of the training	1	2	3	4	5	9
The length of the training	1	2	3	4	5	9
Plan for follow-up after the training	1	2	3	4	5	9
Relevance to my extension program(s)	1	2	3	4	5	9
Amount of assignments prior to the training	1	2	3	4	5	9
Learning environment						
Opportunities for asking questions or comments	1	2	3	4	5	9
Answers to my questions	1	2	3	4	5	9

Please evaluate each instructor. For those sessions you did not "attend," put N/A for each item.

Instruction : Reducing risk with food thermometers: Strategies for behavior change (Dr. McCurdy)

Ease for me to understand the information	1	2	3	4	5	9
Quality of visual aides	1	2	3	4	5	9
Inclusion of the latest research findings	1	2	3	4	5	9
Overall rating for this instructor	1	2	3	4	5	9

Instruction: Avian flu and food safety (Dr. Archer)

Ease for me to understand the information	1	2	3	4	5	9
Quality of visual aides	1	2	3	4	5	9
Inclusion of the latest research findings	1	2	3	4	5	9
Overall rating for this instructor	1	2	3	4	5	9

Very Poor	Poor	Average	Good	Very Good	N/A
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Instruction: What’s in the newly released 4th Ed ServSafe® manual (Dr. Simonne)

Ease for me to understand the information.....	1	2	3	4	5	9
Quality of visual aides	1	2	3	4	5	9
Inclusion of the latest research findings	1	2	3	4	5	9
Overall rating for these instructors	1	2	3	4	5	9
Overall rating for the training	1	2	3	4	5	9

Training Outcomes

As a result of participating in this program, indicate your agreement or disagreement with the following:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have opportunities to use the information in my county	1	2	3	4	5
I am committed to using information from this training in my program	1	2	3	4	5

To what degree has this workshop increased your competency (knowledge, skills, or attitudes):

	----- Increase in Competency Level -----				
	Not at all	A little	Some	A lot	N/A
Mastery of the training’s information	1	2	3	4	9
Collaborate with local organizations	1	2	3	4	9
Address emerging issues in this area	1	2	3	4	9

Comments and Suggestions

As a result of participating in this program, please tell us what you plan to use in your county:

Please tell us what changes can be made to improve the in-service training:

Please tell us what topics should be included in future training programs: