

UF/IFAS Cooperative Extension In-Service Training Evaluation
Multi-state Food Safety and Quality Update April 05, 2007
Please FAX this form to Genena Blanchette 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 : Foodborne Illness Updates in Florida (Roberta Hammond)

| | | | | | | |
|---|---|---|---|---|---|---|
| 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: Food Preservation Update (Elizabeth Andress)

| | | | | | | |
|---|---|---|---|---|---|---|
| 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 |
|-----------|------|---------|------|-----------|-----|

Instruction: New Food Allergy Educational Materials (Amy 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: