TRAINING HOURS WORKSHEET

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

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

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

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

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| --- |
| **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:

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| **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?** |
|       |