



Training Evaluation Form: DESKAIDs & Workworks Manual

2013 MFP CORE Training, Dec 10th, WebEx Delivery

I. Understanding. For each topic below, please circle the number that best describes your level of understanding before and after this training (1 = a little...to 4 = a lot).

Topics	Understanding before training				Understanding after training				Comments
	A little		A lot		A little		A lot		
Use DESKAID to advise about Waiver Options	1	2	3	4	1	2	3	4	
Use DESKAID to identify appropriate waiver application referral contacts	1	2	3	4	1	2	3	4	
Use DESKAID to identify and describe MFP Transition Services	1	2	3	4	1	2	3	4	
Use DESKAID to compare waiver options and identify state plan services	1	2	3	4	1	2	3	4	
Use DESKAID to identify and search for affordable and accessible housing	1	2	3	4	1	2	3	4	
Your role in Person Centered Career Planning	1	2	3	4	1	2	3	4	
Knowledge of 3 community employment service options	1	2	3	4	1	2	3	4	
Knowledge of 2 employment service providers	1	2	3	4	1	2	3	4	
Knowledge of where to locate SEE vendors and how to make referrals	1	2	3	4	1	2	3	4	
Use DESKAID to advise about employment options and work incentives	1	2	3	4	1	2	3	4	

II. Overall evaluation. Check (√) the category that most closely matches your opinion for each item below.

Aspect of Training	Strongly disagree	Disagree	Agree	Strongly agree
Training information/discussion was useful to me (what I learned is useful in my job).				
Training information/discussion was suitable for my needs (I got the information I needed at the level that I needed).				
Quality of the training and materials was good.				
Length of the training was appropriate.				
Presentations given by facilitators were helpful.				
Facilitators seemed knowledgeable about training issues.				
Training has better equipped me to do my job (I can apply what I learned in my job).				



Please explain any “strongly disagree” and “disagree” responses checked above. _____

III. Request for additional information and or training.

List below the topics for which you would like more information and/or training. You may list topics that were not covered at all during the training, or those that were not covered well enough. _____

Name: _____ **Phone:** _____

Email: _____ **Agency:** _____

Thank you for your feedback on this training.