



TRAINING EVALUATION INSTRUCTIONS

PURPOSE

To constantly evaluate the quality of services that is being provided to trainees in the Business Enterprise Program.

PREPARED BY

Trainee

INSTRUCTIONS

Training Site: Enter the actual physical location of training to include most current street address, city and five digit zip code.

Trainer: Enter the trainer's full name (first name, middle initial and last name).

Trainee: Enter the trainee's full name (first name, middle initial and last name).

For questions 1-8 provide the following:

Place an "X" in the appropriate box in you are in agreement with each of the 1-8 statements.

Place an "X" in the appropriate box in you are **not** in agreement with each of the 1-8 statements.

9. I would like to make the following comments about my training:

Provide any comments about training that will be beneficial to the Business Enterprise Program.

DISTRIBUTION

Original: Clay Pope, Chief, Business Enterprises
North Carolina Division of Services for the Blind
309 Ashe Avenue - Fisher building
Raleigh, North Carolina, 27606

Copy: Trainee