

*Person Centered Approaches  
2 Day Training*

Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Please check the box that most closely reflects your opinion about the following statements:

	Strongly Agree	Agree	Somewhat Agree	Do not Agree	Strongly Disagree
The training was well organized with clear directions provided					
This training provided practical ideas that I can use in my work					
I learned new ideas about supporting people					
I would recommend this training to others					
This trainer was knowledgeable about person centered practices					
This trainer made me feel welcome and included					
This trainer answered my questions and listened to my concerns					
I would recommend this trainer to others					

Please name one thing you liked about the training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please name one thing you would change about the training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please name one thing you would change about the training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_