# Bulloch Information Session for Retailers Workshop Evaluation

Thank you for assisting us to improve our training programs.

Location:

Date: Your Name (optional):

Please Circle Your Response

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Not at all Somewhat Very**  **1 2 3 4 5 Rating** | | | | | |
| Indicate the extent to which you agree or disagree with each of the following statements: | | | | | |
| 1. This session was relevant to my job. | **1** | **2** | **3** | **4** | **5** |
| 1. The course materials will be useful to me in my job. | **1** | **2** | **3** | **4** | **5** |
| 1. The length of this session was appropriate. | **1** | **2** | **3** | **4** | **5** |
| 1. The objectives of the session were clear to me. | **1** | **2** | **3** | **4** | **5** |
| 1. The material will be relevant to the success of the Bulloch changeover. | **1** | **2** | **3** | **4** | **5** |
| 1. I felt engaged during the session. | **1** | **2** | **3** | **4** | **5** |
| The Trainer | | | | | |
| 1. Demonstrated a good understanding of the material | **1** | **2** | **3** | **4** | **5** |
| 1. Helped me understand the material sufficiently | **1** | **2** | **3** | **4** | **5** |
| 1. Helped me to achieve the objectives of the session | **1** | **2** | **3** | **4** | **5** |
| 1. I would recommend this course to others | **1** | **2** | **3** | **4** | **5** |
| What was most valuable to you in this session? | | | | | |
| What, if anything, could be changed to improve your experience? | | | | | |
| How **confident** are you to communicate and educate your staff on the new Bulloch system, using eLearning Program materials? | | | | | |