# 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?  |