“SIC Leadership” Training Evaluation Form

Training Date: _____________________  Place: ________________________________

Please circle ONE group you most represent on your SIC:

Parents  Teachers  Students  Community

District: ___________________________  School: ______________________________

Name (optional): ____________________  Email (optional): ______________________

Please circle your response to the following questions:

Will today’s training help you carry out your responsibilities as an SIC leader?

YES  NO

Did your trainer display a good working knowledge of the material presented?

YES  NO

Did your trainer answer questions effectively?

YES  NO

How would you rate this training opportunity overall?

Excellent  Good  Average  Poor

Would you recommend this training to other SIC leaders?

YES  NO

Additional comments: __________________________________________________________

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____________________________________________________________________________

____________________________________________________________________________