

## Post-training evaluation form

### 1. Training Session

Community

Name of instructor

### 2. Date of training session

Date / Time

MM      DD      YYYY

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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### 3. The training session increased my knowledge on how to properly maintain stormwater control measures

- strongly agree
- somewhat agree
- don't know or indifferent
- somewhat disagree
- strongly disagree

### 4. What did you learn in the scm maintenance training session that will make you more effective in your job?



**5. Is there a topic(s) you wish had been covered or a topic(s) you would have liked covered more fully ?**

**6. I now have the appropriate resources available to properly maintain scm's in my community**

- strongly agree
- somewhat agree
- don't know or indifferent
- somewhat disagree
- strongly disagree

If you clicked somewhat disagree or strongly disagree, what resources do you feel are missing, e.g. time, \$, equipment, staff, etc.