

Developmental Disabilities Resource Board
**Training Stipend Program for Direct Support Professionals
And their Immediate Supervisors'**
TRAINING FEEDBACK

This form must be submitted with the completed application form when requesting reimbursement.

Title of Training Event Attended _____

Instructor: _____

Dates of Training: _____ Cost: _____

Location of Training: _____

1. How would you rate the instructor? Check all that apply or add:

- | | | |
|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Interesting | <input type="checkbox"/> Off-task |
| <input type="checkbox"/> Boring | <input type="checkbox"/> Likable | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Long-winded | <input type="checkbox"/> _____ |

2. How much of the content was helpful to you?

- Most or all of the presentation
- A considerable amount of the presentation
- Some portions/maybe half of the presentation
- Very little or none of the presentation

3. Is this training worth the money spent (registration fee/staffing coverage)?

- Yes No

4. Why would (or wouldn't) you recommend other direct support professionals and their immediate supervisors to attend this training opportunity?

Signature: _____ Date: _____

Submit this form with the completed application form to process reimbursement.