Ohio Literacy Resource Center
TECHNICAL ASSISTANCE/TRAINING NETWORK

Consultant _____   Date(s) of training _____

Program name _____   Program location _____

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1. Pertinence to my needs

Highly relevant				Irrelevant
5	4	3	2	1

2. Overall organization

Excellent				Poor
5	4	3	2	1

3. Ideas and activities

Very interesting				Dull
5	4	3	2	1

4. Contributions of consultant

Excellent				Poor
5	4	3	2	1

Three things I liked best were:

a. _____

b. _____

c. _____

Suggestions for improvement

a. _____

b. _____

c. _____