

1. Did the training meet your expectations? *(Please check the appropriate box.)*

Completely Partially Not at all

Please explain – why or why not?

2. What do you think about the overall length of the training, considering the limits on your time and the topics discussed? *(Please check the appropriate box.)*

Too Long Just Right Too Short

Please explain:

3. How relevant was the training to your needs in your current role in the project? *(Please check the appropriate box.)*

Very Relevant Somewhat Relevant Not Relevant

Please explain:

4. Rate the time allocation (balance) for *(Please check only one box for each item listed below.):*

	Far Too Much	Too Much	Just Right	Too Short	Far Too Short
a. Amount of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Supply vs. Demand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Catchment systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Storage systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Delivery systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Troubleshooting and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Project Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Which portion of the training was the most useful? Please explain.

6. Which portion of the training was the least useful? How would you improve this portion? Please explain.

7. How would you rate the following (Please check only one box for each item listed below.):

	Poor	Fair	Good	Very Good	Excellent
a. Classroom Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discussion / Processing Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Workshop Topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Participant Manual and Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Trainer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Facilities and Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Are there any topics on which you would like more information? Are there other topics that would be of interest for this training? Please explain.

9. Other comments about the workshop, CAWST or other issues in general? Please explain.

10. Are you a woman or man?

Woman Man

Name: (Optional) _____ Organization (Optional) _____