

Safe Zone Training Evaluation

Date: _____ Location: _____

Facilitator(s): _____

Please Rate This Training:

	1 = Poor	2 = Fair	3 = Good	4 = Very Good	5 = Excellent
Knowledge of Presenters	☐	☐	☐	☐	☐
Usefulness of Information	☐	☐	☐	☐	☐
Ability to Create a Comfortable Space	☐	☐	☐	☐	☐
Overall Evaluation	☐	☐	☐	☐	☐

How much do you feel you know about lesbian, gay, bisexual, and transgender issues BEFORE and AFTER this training, with 1 being very little and 10 being a whole lot?

	1	2	3	4	5	6	7	8	9	10
How much I knew BEFORE	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
How much I knew AFTER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What is, to you, the most important takeaway from today?

What were the strengths of this presentation?

What could make this presentation better?

Please share any additional thoughts/comments about this training here:

Thank you for your participation in this training, and for taking the time to fill out this evaluation! Please return this document, filled in, by email to lbgtq@fcsfl.org so we can continue to improve our program.