

TRAINING HOURS WORKSHEET

DATE: _____

NAME: _____

ADDRESS: _____

TYPE (please check one):

Class

Book

Television

Video

Article

Audio

*** Other: _____

About the Class:

Name of Training: _____

Location: _____

Length of Session(s): _____

Subject: _____

About the Reading/Audio/Video:

Title: _____

Length (i.e. 1 hour or 200 pages): _____

Subject: _____

Where can this training be located: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING EACH TRAINING SESSION/VIDEO/AUDIO:

1. Summary of training (about 5 sentences):

2. What did you gain/learn from this training:

3. Would you recommend this to other providers? Why/Why not?

4. Was it easy to understand or difficult to follow?