



Trainer's Cover Sheet

Trainer's Name: _____
Organization Trained: _____
Date delivered: _____
Workshop name: _____

1. How was this workshop delivered?

☐ In-person ☐ Webinar

2. Was full workshop delivered in one presentation?

☐ Yes ☐ No, the workshop was split into two or more presentations

3. What are some successes you experienced in this workshop?

4. Were there any challenges? How did you address them?

5. How do you feel about the following statement: "After this workshop, I felt like I had made a difference and witnessed participants get more engaged with prevention practices."

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

6. Share feedback on the workshop content and design. Are there any changes you would like to see?

7. If this was remote, please give additional feedback about this experience, including anecdotes from participants during the training.