

NEW JERSEY STATE ELKS ASSOCIATION TRAINING SESSION SURVEY

Name (Optional):
Lodge / District:
Date of Training:

Please rate the following information on a scale of 1 to 4 / 1 = Poor, 2 = Fair, 3 = Good, 4 = Excellent

1. Overall how would you rate the training session?

1	2	3	4
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2. Did the agenda topics meet your expectations?

1	2	3	4
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3. Was the length appropriate?

1	2	3	4
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4. Choice of facility/venue

1	2	3	4
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5. Based on your experience at this session, how likely are you to attend future training sessions?

1	2	3	4
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6. What part of the training did you enjoy the most?

7. What part of the training did you enjoy the least?

8. What other specific topics would you like to see offered by the Training Committee?
