

**The Council of Southeastern Pennsylvania, Inc.
FASD Training Evaluation Form**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. This training gave me a clear understanding of how Fetal Alcohol Spectrum Disorders (FASD) range in severity from low to high and how the variance effects outcomes across the ages for the individual.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. This training gave me a clear understanding of how to better assist individuals and families experiencing a FASD disorder.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My interest was held throughout the training?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I would recommend this training to others?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I recommend this trainer to others?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Excellent	Very Good	Good	Fair	Poor
6. Overall, how would you rate the training?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. What did you like about the training?*

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8. What would you recommend changing about the training?*

9. Now that you have completed this training, what additional training (if any) would be helpful?*

10. Other comments, observations, suggestions:
