# Training Debrief Summary

**Instructions**: Use this form as a starting point for your development efforts. Customize this form, adding relevant information as appropriate or removing information that does not apply to your situation.

***User Directions:*** This form is intended to be completed by the trainer. Complete the form after your training event. Submit the form to your coordinator along with participant evaluation forms and attendance roster.

Trainer Name: [INSERT NAME]

Date Submitted: [INSERT Date]

Event Title: [INSERT title]

Event Date: [INSERT date] Duration (e.g., ½ day; 8 hours): [INSERT duration]

Primary Audience (e.g., administrators, physical education teachers, nurses): [INSERT audience]

**Participants:**

Number Scheduled: [INSERT number] Number Actual: [INSERT number]

| Check Box | Most Participants… |
| --- | --- |
| [ ]  | Attended alone. |
| [ ]  | Attended with one or more work colleagues. |
| [ ]  | Attended with a team of individuals from their district. |
| [ ]  | Attended with a team of individuals from their school. |
| [ ]  | Attended under other circumstances. Please specify. |
| [ ]  | Were not familiar with the materials presented. |
| [ ]  | Were somewhat familiar with the materials presented. |
| [ ]  | Were very familiar with the materials presented. |
| [ ]  | Had used the materials before. |
| [ ]  | Had participated in a previous workshop. |

1. Briefly describe how you used the workshop materials. Did you customize materials provided (e.g., modified or added an activity, restricted time frames)?
2. Did you use the sample curriculum (e.g., Lotus Curriculum)? If yes, describe how.
3. In your estimation, how successful was the workshop on a scale of one to three

(i.e., 1 = not very successful; 2 = somewhat successful; 3 = extremely successful)? Please explain.

1. Did any unexpected changes or events occur (e.g., last-minute substitutions, change in venue)? If so, please describe how you addressed unexpected changes or events.
2. Is there any additional information you would like to share?

Return this summary to the contact person listed:

Name: [INSERT NAME]

Address: [INSERT STREET ADDRESS]

City: [INSERT CITY] State: [INSERT STATE] Zip: [INSERT ZIP CODE]

E-mail Address: [INSERT address]

Phone: [INSERT phone number]

Fax: [INSERT fax number]