

STATE OF COLORADO

Office of the Child's Representative

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Denver, Colorado 80203
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Linda Weinerman
Executive Director

Training Video Evaluation Form

Thank you for taking the time to provide us with an evaluation of our training video.
Please mail or fax it to the address/number above to the attention of Ryan Burke.

Please rate your satisfaction level with each of the following statements:

4= excellent	3= good	2= fair	1= poor		
		4	3	2	1
Name of Training Video: _____					
Quality of Content		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Video		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance to Practice		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Satisfaction		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments _____

