

# STATE OF COLORADO

**Office of the Child's Representative**

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Theresa A. Spahn  
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:

<b>4= excellent</b>	<b>3= good</b>	<b>2= fair</b>	<b>1= poor</b>		
		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 \_\_\_\_\_  
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