

## Crisis Counseling Assistance and Training Program Training Feedback Form for Participants

Training Session \_\_\_\_\_ Location and Date \_\_\_\_\_

1. The goals and objectives of the Crisis Counseling Assistance and Training Program (CCP) training module were clearly stated.

Strongly Disagree

Strongly Agree

1

2

3

4

5

2. The training content, handouts, and activities effectively met the stated objectives.

Strongly Disagree

Strongly Agree

1

2

3

4

5

3. The content of the training module was well organized.

Strongly Disagree

Strongly Agree

1

2

3

4

5

4. The information was clearly presented.

Strongly Disagree

Strongly Agree

1

2

3

4

5

5. The trainer demonstrated thorough knowledge of the subject matter.

Strongly Disagree

Strongly Agree

1

2

3

4

5

Please turn this page over to complete the feedback.

6. The trainer facilitated the session effectively (e.g., exercises were appropriate and well executed, and the training session was on schedule).

Strongly Disagree

Strongly Agree

1

2

3

4

5

7. The length of the training session was appropriate for the amount of material covered.

Strongly Disagree

Strongly Agree

1

2

3

4

5

8. The environment was physically comfortable (e.g., temperature, room size, setup).

Strongly Disagree

Strongly Agree

1

2

3

4

5

9. What elements of this training session will most assist you in effectively performing your job duties?

10. How could the training content or structure be improved?

Thank you for your valued feedback. Please return this form to your trainer.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
[www.samhsa.gov](http://www.samhsa.gov)



FEMA