

SHARED SERVICE CENTER TRAINING WORKSHOP

Please take a few moments and answer the questions below. Your input is valued and appreciated. Thank you in advance for helping to improve this program.

Please read each statement then select one of the five alternatives:
Strongly Disagree (SD), Disagree (D), Agree (A), Strongly Agree (SA)

Session Date:	SD	D	A	SA
1. The training presented in the workshop was helpful in my daily work activities				
2. The training covered relevant and useful information				
3. I feel the allotted time was appropriate to understand the topics discussed during the training				
4. I would recommend this course to others				
5. I would be interested in attending future sessions like this				

Feel free to share comments and feedback in order to **improve** this training:

What are some **other** topics you would like to receive training on?:

What are some questions you **did not get answered** during the workshop that you would like to ask? : **(If you would like a direct response please provide your email below)**

Name and EMAIL(Optional): _____