

Transportation Training Evaluation

Date: _____

Please submit evaluations at the end of this training or mail to:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The information presented was clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information contained practical information for our church's Transportation program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This training effectively informed me about important aspects of my role in the Transportation Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Our church currently has an existing volunteer transportation program: yes / no

The primary group my transportation program serves/will serve:

- Older Adults
- People with disabilities
- Caregivers
- People going through difficult situations
- Other (please explain)

The area my transportation program serves/will serve:

- Urban
- Suburban
- Rural
- Other (please explain)

Additional Comments: