

EVALUATION

Date: _____ Trainer: _____

Rank your confidence to the statements below.	Not at all Confident	Somewhat Confident	Not Applicable	Confident	Very Confident
Explaining the impacts of sugary drinks on health to others BEFORE the training	1	2	3	4	5
Explaining the impacts of sugary drinks and health to others AFTER the training	1	2	3	4	5
Explaining sugary drink industry tactics to others BEFORE the training	1	2	3	4	5
Explaining sugary drink industry tactics to others AFTER the training	1	2	3	4	5

What are the three most valuable things/resources you learned from today's training?

1. _____
2. _____
3. _____

How could this training be improved?

Will you be sharing the information you learned in today's training with others? Yes No
If yes, who do you plan to give this training to? (Please be specific)

What other resources would be helpful?

Would you like to be added to our mailing list for training and volunteer opportunities related to sugary drinks? Yes No

If yes, please provide your contact information. Please print legibly.

Name _____
Email _____
Phone _____
Organization _____

Additional Comments

Thank you for your feedback!

