

**CASA OF EL PASO**  
**INSERVICE TRAINING EVALUATION**

\_\_\_\_\_  
Name of Staff or Volunteer

\_\_\_\_\_  
Address

Name of training, book, tape, article, etc: \_\_\_\_\_

Name of trainer, author, etc: \_\_\_\_\_

I. Date of Training: \_\_\_\_\_ Number of training hours: \_\_\_\_\_

II. Summary of content of the training:

III. What was the training intended to teach?

IV. Will the training apply to your work with CASA? Yes \_\_\_ No \_\_\_  
If yes, please explain:

V. What was most helpful about the training?

VI. What was the least helpful? \_\_\_\_\_

VII. Please comment on any interest for future CASA trainings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Casework Supervisor

\_\_\_\_\_  
Date