

## **PARTICIPATING LENDER TRAINING EVALUATION FORM**

DATE: \_\_\_\_\_

CHFA FACILITATOR/SPEAKER: \_\_\_\_\_

LENDER NAME: \_\_\_\_\_

NAME (Optional): \_\_\_\_\_

TITLE: \_\_\_\_\_

*Please base answers on a scale of 1 to 5, #5 being highest on scale.*

**PLEASE CIRCLE**

- |                                                            |            |   |   |   |           |
|------------------------------------------------------------|------------|---|---|---|-----------|
| 1. How well organized was the training?                    | 1          | 2 | 3 | 4 | 5         |
| 2. Was the material clearly and easily understood?         | 1          | 2 | 3 | 4 | 5         |
| 3. Were all topics related to training adequately covered? | 1          | 2 | 3 | 4 | 5         |
| 4. Was time allotted for training adequate?                | 1          | 2 | 3 | 4 | 5         |
| 5. Was the facilitator/speaker knowledgeable?              | 1          | 2 | 3 | 4 | 5         |
| 6. Was the facilitator/speaker effective?                  | 1          | 2 | 3 | 4 | 5         |
| 7. Overall, I would rate this training.                    | 1          | 2 | 3 | 4 | 5         |
| 8. Would you like more training on:                        | <u>YES</u> |   |   |   | <u>NO</u> |
| a. Eligibility:                                            |            |   |   |   |           |
| - Borrower                                                 | ___        |   |   |   | ___       |
| - Dwellings                                                | ___        |   |   |   | ___       |
| b. Income Calculations for program eligibility             | ___        |   |   |   | ___       |
| c. Processing & Form Completion                            | ___        |   |   |   | ___       |
| d. Other _____                                             | ___        |   |   |   | ___       |

Comments and suggestions to improve quality of our service:

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~THANK YOU FOR YOUR TIME AND PARTICIPATION IN OUR TRAINING~