

LCTV Post-Training Survey

In an effort to improve LCTV's Training Program and the volunteer experience please take a moment to fill out this brief post-training survey.

___ I prefer to fill out this survey anonymously.

Name: _____

Contact Telephone Number: _____

Address: _____

Survey Questions

1. How do you feel about the way the information was presented?

- a. I feel the information was presented well and am confident I can give my new skills a try.
- b. I feel more confused than when I started.

2. How was the length of each session?

- a. Needs to be longer.
- b. Needs to be shorter.
- c. Was a good length.

3. How was the length of the entire training series (6 class series)?

- a. Needs to be longer.
- b. Needs to be shorter.
- c. Was a good length.

4. The information presented was:

- a. Too technical.
- b. Not technical enough.
- c. Just the right mix.

5. The instructor provided the information in an understanding and engaging manner?

- a. Yes
- b. No

6. I understand that there is no better learning tool than experience and LCTV will continue to assist me in this process until I feel comfortable enough to work on my own.

- a. Yes, I understand that my training will continue as I begin my productions at LCTV.
- b. No, I thought I was on my own at this point.

7. Do you have any suggestions on things LCTV could do to improve the training experience? (ie. future classes)
