PERFORMANCE MEASURE TRAINING
Evaluation Form

Date and time of session:_____

Discipline: __Budget, __Director's Office, __Performance, __Policy, __Other (specify)

Number of budget cycles you've been through: __0 to 1, __2 to 5, __more than 5

1. Did the training meet your expectations today? Why or why not?

2. Do you feel that you are better able to satisfy the budget instructions for performance measures as a result of today's training? Why or why not?

3. What did you like about the training?

4. What would you suggest to improve the training?

5. On a scale of one to ten (1 = total waste of time, 10 = top notch), how would you rate this training?

6. Any additional comments?

7. (OPTIONAL) Please contact me to discuss further:_____
   (Your name)

Thank you!

DAS/Oregon Progress Board, March 2002