

Day of Training Evaluation  
NRS Training 1, 2, & 3+ years  
Training Completion Date: \_\_\_\_\_

Was this training helpful and or useful for your position?      Yes                      No

Did you learn anything new about NRS?                              Yes                      No

If so, what did you learn?

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What did you feel were some of the most important things you learned about?

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From what you listed above, which one would do you feel would be most important to receive further training on **first**:

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What activities were most effective? \_\_\_\_\_

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Are there any suggestions you would make to improve this training?

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