

TABE Training
Second Evaluation
(To be completed by trainees 30 days after training)

Training Completion Date _____

1. Did this training assist you in understanding the purpose of the TABE?
 Yes No

The purpose of the TABE is: _____

2. Has this training assisted you in properly administering the TABE?
 Yes No N/A

3. Is there anything that you have changed when administering the TABE?
 Yes No N/A

If yes, what have you changed? _____

4. Has this training assisted you in designing effective instruction for ABE students?
 Yes No N/A

If yes, how? _____

5. What are some supports that you have had as you have incorporated this training into your daily practice?

6. What are some barriers that you have had as you incorporated this training into your daily practice? How have you addressed these barriers?

7. Do you have any remaining questions about TABE and/or suggestions for training?
 Yes No

If yes, what are your questions / suggestions? _____
