

# MarcoPolo Training Follow-Up Form

Thank you for conducting a MarcoPolo training session! In order for us to evaluate the impact and success of our programs, please complete the following form.

\* Denotes Required Information

\*Name of Trainer \_\_\_\_\_

\*Training Session Date \_\_\_\_\_

\*Training Session Location \_\_\_\_\_  
City State/Province Country

\*Length of Training Session:

- 0-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 2-day workshop

\*Type of Training Session:

- Awareness Session
- Training of End Users/Teachers
- Training of Trainers
- Other (specify) \_\_\_\_\_

Did you receive any feedback from teachers about MarcoPolo, the MarcoPolo Web Site, the MarcoPolo teacher training program? If so, elaborate below:

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Do you intend to conduct MarcoPolo training in the future?

Yes  No

Are there any comments or suggestions from yourself or your trainees that you would like to share with MarcoPolo?

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