Mount Mary University  
M.S. in Counseling Program  
Supervisor Training  
EVALUATION FORM

I am a: ☐ Mental Health Counselor ☐ Other ___________________

Please indicate your evaluation based on the items listed below.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

1. The training met my expectations. ☐ ☐ ☐ ☐ ☐

2. I will be able to apply the knowledge learned. ☐ ☐ ☐ ☐ ☐

3. The content was organized and easy to follow. ☐ ☐ ☐ ☐ ☐

4. The PowerPoint was easy to follow. ☐ ☐ ☐ ☐ ☐

5. The information was clearly presented. ☐ ☐ ☐ ☐ ☐

6. How do you rate the training overall?  
   - Excellent ☐  
   - Good ☐  
   - Average ☐  
   - Poor ☐  
   - Very poor ☐

7. What aspects of the training could be improved?

Other comments?

THANK YOU FOR YOUR PARTICIPATION!