



Division of Court Modernization **TRAINING FEEDBACK**

Location _____

Date _____

Presenters _____

**PLEASE CHECK
ONE BOX**

**1 = Poor 2 = Fair
3 = Good 4 = Very Good
5 = Excellent**

Overall, how would you rate this training?

1 2 3 4 5

How clear and informative was the material?

1 2 3 4 5

**How confident do you feel about using the system
after this training?**

1 2 3 4 5

**Do you have any general comments about the
presentation and did anything capture your interest?**

**Do you have any suggestions on how we can
improve future training?**

Additional comments? Please email DCM-Feedback@nycourts.gov