

ABC Data Specialist Evaluation Form

Technical Training _____ (COPA)	Data Support _____
Provided by: Phone _____ Email _____ Visit _____ On-line _____	
Date: _____ Name of ABC Data Specialist: _____	

Agency: _____

Site: _____

1. Was the training/data support provided to you in a timely manner? **Y** or **N**
2. Were you given a chance to ask questions and have them answered? **Y** or **N**
3. Was your specialist knowledgeable of topic? **Y** or **N**
4. Were your needs sufficiently met? **Y** or **N**
5. Were you given the opportunity to implement knowledge gained? **Y** or **N**
6. Was your specialist friendly, positive and encouraging? **Y** or **N**
7. What was your overall reaction to the Training/support? What can we do to improve our services?

ABC Specialist Arrival Time: _____
 Signature: _____
 Title: _____

Departure Time: _____
 Phone: _____

Please return to DCCECE
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