

SUPERVISOR CERTIFICATION TRAINING EVALUATION

NAME _____ **SWCD/ORGANIZATION** _____ **DATE** _____

MODULE NO. - NAME	SATISFACTORY	NEEDS IMPROVEMENT	REMARKS
Please check the appropriate column and make any comment you wish to make.			
1 - Introduction to SWCDs			
2 - Basics of SWCDs and Supervisors			
3 - Administrative/Operations Mgt.			
Strategic Planning			
Funding Sources			
Financial Mgt./Risk Mgt.			
Procurement			
Records Mgt./IPRA			
Personnel/EEO/Ethics			
4 - Conducting Meetings			
5 - Partners			
6 - Programs			

SUGGESTIONS FOR IMPROVEMENT/CHANGES:
