Training Evaluation for _____

Worked?	Change?	Add?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOW WILL YOU USE THE DISC?

_____

_____

_____

DISC Training ~ Your Name (Optional) _____   **Date:** _____