DSHS
WASHINGTON STATE Department of Social and Health Services

# High School Home Care Aide Student Evaluation Summary Report

**This form required by contract per Special Terms and Conditions – Record Maintenance.**

Completed by the instructor based on all student class evaluations.

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|---|
| Training Program Name |
| Training Program Number |
| Primary Contact Person's Name |
| Phone Number (include area code) |

| |
|---|
| Courses |
| Date |
| Number of Students |
| Physical Address of Class |
| Instructor Name(s) |

**Summary of Evaluations**

Indicate the average response to class evaluations with the statements below*:

**1 = Strongly Agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly Disagree**

* Round up .5 or above. See instructions for further explanation.

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| The objectives of the training were clearly defined | ☐ | ☐ | ☐ | ☐ | ☐ |
| The content was organized and easy to follow | ☐ | ☐ | ☐ | ☐ | ☐ |
| The instructor was knowledgeable about the training topics | ☐ | ☐ | ☐ | ☐ | ☐ |
| The instructor was well prepared | ☐ | ☐ | ☐ | ☐ | ☐ |
| Participation and interaction were encouraged | ☐ | ☐ | ☐ | ☐ | ☐ |
| The training objectives were met | ☐ | ☐ | ☐ | ☐ | ☐ |
| The materials distributed were helpful | ☐ | ☐ | ☐ | ☐ | ☐ |
| The meeting room and facilities were adequate and comfortable | ☐ | ☐ | ☐ | ☐ | ☐ |

Instructor Comments

## Instructions

This form, or one that collects the same information, is required per your contract in the Special Terms and Conditions section on Records Maintenance. It must be filled out by the instructor for each class and then maintained by your business per contract Terms and Conditions.

**Training Program Name:**
The primary business name of your training program. Depending on your contract, it may be the "doing business as" name.

**Training Program Number:**
Your training program number that appears on approval letters and certificates.

**Primary Contact Person's Name and Phone Number:**
This is the person who is listed on your contract as the main contact person for your training program.

**Courses:**
The names of each course as it appears on the certificate (i.e. Orientation and Safety, Core Basic, etc.)

**Date:**
The date student(s) filled out the class evaluation survey.

**Number of Students:**
The number of students who attended the class.

**Physical Address of Class:**
The location that the class was taught. **Must provide the physical address (including city) on this form.**

**Instructor Name(s):**
The person, or persons, who actually taught the class.

**Summary of Evaluations:**
This represents the **average** student response for each question.

- Round-up averages ending in .5 or above to the nearest response. For example, if responses to the first question were 5, 4, 3, 2, 4, and 4, the average would be 3.6. You would check the box in the Number 4 column as the average response.
- Round-down averages ending in .49 or below to the nearest response. For example, if responses to the first question were 1, 2, 2, 5, 5, and 5, the average would be 3.3. You would check the box in the Number 3 column as the average response.