High School Home Care Aide Student Class Evaluation

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

This form should be completed by each student at the end of training.

Course(s): ☐ Core Basic Training ☐ Orientation / Safety ☐ ND Core
☐ ND Diabetes ☐ Mental Health ☐ Dementia

Date(s) of Class

Start and End Time of Class
From: To:

Instructor Name(s)

Physical Address of Class

Please indicate your level of agreement with the statements below:

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

	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	☐	☐	☐	☐	☐

Comments

Instructions

Student:	**Please complete this form** as it is a course requirement for your instructor. We greatly appreciate your assistance. Thank you.
Instructor:	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 should be completed by **each student** at the end of training. The evaluations are used to complete the Student Evaluation Summary Report, and both forms are maintained by your business per contract Terms and Conditions.

Course:
The course(s) taken by the student which they are evaluating.

Date(s) of Class:
Provide the date(s) or date range of the class.

Start and End Time of Class:
The time the class was scheduled to start and end.

Instructor Name(s):
The name of the person, or persons, who taught the class. List all instructors who taught the class.

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

Evaluation Grid:
Check the box in the column indicating how much you agree with the statements provided. For example, with the first statement, if you strongly disagree that the training objectives for the class were met, check the box in Column 5.

In the space below the grid, please provide additional suggestions for training topics and/or comments.

If you have a complaint or concern, please contact the Training, Oversight, and Policy Unit at TrainingApprovalTPC@dshs.wa.gov.