Course Evaluation Form

**Please send completed form to:**

[**SHDDRef@dshs.wa.gov**](mailto:SHDDRef@dshs.wa.gov)

**Training Information**

***Course Title***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date/Time***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Participant Full Name & Email***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Provider Type***: (Circle One) **AFH/ALF/EARC/IP/SNF**

***Name of Facility***: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ECS*/SBS Provider***: (Circle One) **Yes/No**

***Training Location***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Instructor***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Serving Client discharged from ESH/WSH\* between now and July 1, 2017****?* (Circle One) **Yes/No**

***\*Eastern State Hospital (ESH) or Western State Hospital (WSH)***

**Comments**

*Please respond honestly to each of the following questions, all feedback provided will be carefully considered in order to improve quality of this training.*

**What was the most helpful part of the class?**

**What skills will you use/implement and how will you do that?**

**The course could be improved by:**

**In the future, I would like to see the following trainings:**

* Dementia
* Other (List):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Traumatic Brain Injury (TBI)
* DBT/CBT Basics
* Community Integration
* Polydipsia
* Crisis: What to Do?

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| --- |
| Circle the number below that best describes the statement provided.  5 = Strongly Agree | 4 = Agree | 3 = Neutral | 2 Disagree | 1 Strongly Disagree |
| 1. The training addressed the learning objectives. 5 4 3 2 1 |
| 2. The information presented was easy to understand. 5 4 3 2 1 |
| 3. The training taught me skills that are useful. 5 4 3 2 1 |
| 4. The training provided me with new tools (handouts, 5 4 3 2 1  procedures, etc.) for improvement. |
| 5. The training materials and visual aids were helpful 5 4 3 2 1 |
| 6. The activities were useful. 5 4 3 2 1 |
| 7. The setting was appropriate for the session. 5 4 3 2 1 |
| 8. The trainer(s) was professional. 5 4 3 2 1 |
| 9. The trainer(s) communicated skillfully and effectively. 5 4 3 2 1 |
| 10. The trainer(s) was competent and able to answer questions. 5 4 3 2 1 |
| 11. The trainer(s) was respectful. 5 4 3 2 1 |
| 12. The trainer(s) was responsive to participants 5 4 3 2 1  needs and followed up on requests and concerns |
| 13. The trainer was responsive to participants’ needs and 5 4 3 2 1  followed up on requests and concerns. |
| 14. I would recommend this training to others. 5 4 3 2 1 |

**Training Feedback**