

Health Home Care Coordination Training Evaluation

Please complete and return this evaluation before leaving today.

Dates of training: _____

Name of Lead sponsoring training: _____

Name of trainer/s: _____

Location of Training: _____

1. What did you hope to gain from attending this two day training? (Please be as specific as possible.)

2. Did attending this Health Home training meet your expectations?

☐ Yes

☐ No

Why or Why Not?

3. Please rate the following:

Topic or Activity	Not useful at all	Not very useful	Neutral	Somewhat useful	Very useful
Fundamentals of the Health Home Program					
Outreach and Engagement					
The PRISM System					
The Patient Activation Measure					
The Health Action Plan (HAP)					
Required and Optional Screenings					
Care Transitions					
Documentation and QA					
Resources					
Small Group Activities					

Please complete the back of this page

4. How was the pace of the training?

- ☐ Too fast ☐ Too slow ☐ Good pace

5. Were the training materials useful (e.g. PowerPoint, Classroom Training Manual, handouts)?

- ☐ Yes ☐ No

Other comments/suggestions:

Thank you for your feedback!