



# Evaluation Form



**REQUIRED:**

F	F	L	L	#	#	#	#

To create your unique ID number, enter 4 letters and 4 numbers. Any 4 letters may be chosen, but a suggested format is to use the first 2 letters of your first name and first 2 letters of your last name. The numbers should be the 2-digit month and 2-digit day of your birthday. Using the suggested format, John Smith, May 29, would be JOSM0529. The same unique ID number should be used each time this form is completed.

***This information is kept confidential and must be completed by all attendees.***

Title: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy

Training Objectives or Session Goals:

Please evaluate the following, <b>CIRCLING</b> only <u>one</u> response per question.	1 = Poor	...	5 = Excellent
How would you rate the <b>OVERALL</b> quality of the program?	1	2	3 4 5
Rate your level knowledge on the content presented <b>BEFORE</b> training	1	2	3 4 5
Rate your level knowledge on the content presented <b>AFTER</b> training	1	2	3 4 5
Rate your ability to apply the content presented in your work setting	1	2	3 4 5

Please indicate to what extent you agree or disagree with the following statements in regards to the presenter(s) today	Disagree			Neither Agree or Disagree	Agree		
	Strongly	Somewhat	Slightly		Slightly	Somewhat	Strongly
1. The objectives of the training were clearly communicated at the beginning of the event.	1	2	3	4	5	6	7
3. The presenter was responsive to participants' questions and concerns.	1	2	3	4	5	6	7
5. The content was well organized and clearly presented.	1	2	3	4	5	6	7

What was the single, most important thing or takeaway that you learned from this session?  
\_\_\_\_\_

Are you able to apply this knowledge or skill in your work setting?  Yes  No  NA

How are you able to apply or what barriers do you see in applying the techniques learned or information gathered in your work setting?  
\_\_\_\_\_

What did you like most about this event? \_\_\_\_\_

What would you change about this training? \_\_\_\_\_

Please list any other HIV related training needs \_\_\_\_\_

CME Information (Must be completed if ANY credit was offered for this course)

Was this activity free of commercial bias or influence?  Yes  No  NA

If no, please explain: \_\_\_\_\_