



17661

USE BALLPOINT PEN

Shade circles like this: ●

Not like this: ⊗ ⊙

DEPARTMENT OF HEALTH
Public Health Institute
Course Evaluation Form

ID NUMBER			
○	0	○	0
○	1	○	1
○	2	○	2
○	3	○	3
○	4	○	4
○	5	○	5
○	6	○	6
○	7	○	7
○	8	○	8
○	9	○	9

NOTE: Please submit this Evaluation Form to the Monitor at the close of this session.

Please rate the course for the following:	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree
1. The course/workshop met the stated learning objectives.	○	○	○	○	○
2. The content of the course was useful with regard to my professional responsibilities.	○	○	○	○	○
3. I was satisfied with the overall quality of the course/workshop.	○	○	○	○	○
4. I would recommend this course to others.	○	○	○	○	○
1. Rate each Trainer as he/she completes his/her presentation					
Trainer: (First Initial, Last Name)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree
1. Teaching techniques, used by trainer, were effective.	○	○	○	○	○
2. The trainer is well-versed on the material presented.	○	○	○	○	○
3. The trainer effectively communicated relevant and timely information.	○	○	○	○	○
2. Rate each Trainer as he/she completes his/her presentation					
Trainer: (First Initial, Last Name)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree
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2. The trainer is well-versed on the material presented.	○	○	○	○	○
3. The trainer effectively communicated relevant and timely information.	○	○	○	○	○
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	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree
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2. The trainer is well-versed on the material presented.	○	○	○	○	○
3. The trainer effectively communicated relevant and timely information.	○	○	○	○	○

For which of the following disciplines would you like continuing education credit to be offered at future Public Health Institutes:

- | | | |
|--|---|--|
| <input type="radio"/> Certified Health Education Specialists | <input type="radio"/> Dental Hygienists | <input type="radio"/> Dentists |
| <input type="radio"/> Dietitians/Nutritionists | <input type="radio"/> Env. Health Specialists | <input type="radio"/> Food Specialists |
| <input type="radio"/> Mental Health Counselors | <input type="radio"/> Nurses | <input type="radio"/> Pharmacists |
| <input type="radio"/> Physicians | <input type="radio"/> Social Workers | <input type="radio"/> Other |

