

# NIA – Provider Relations Training Evaluation and Feedback Form

Arbor Health Plan  
Training Session/Module

Leta Genasci  
Presenter

9/15/2014  
Date

**Please check all responses that apply (For on-line form: double click the box and click “checked” then ok)**

The session/module was:

- |                                       |                                     |                                      |                                     |
|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Informative  | <input type="checkbox"/> Too Slow   | <input type="checkbox"/> Elementary  | <input type="checkbox"/> Too Quiet  |
| <input type="checkbox"/> Too Detailed | <input type="checkbox"/> Too Fast   | <input type="checkbox"/> Advanced    | <input type="checkbox"/> Too Formal |
| <input type="checkbox"/> Too General  | <input type="checkbox"/> Well Paced | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Boring     |

The most outstanding feature(s) of this session was: \_\_\_\_\_

I was trained on what I was expecting  Yes  No (please explain) \_\_\_\_\_

Improvements I suggest for this training: \_\_\_\_\_

Additional training or topics that need further reinforcement: \_\_\_\_\_

\_\_\_\_\_

**Fill in the appropriate circle**

- The presenter displayed knowledge of the material
- The presenter was able to hold my attention
- My overall rating of the presenter is
- The course objectives were explained clearly
- The course content matched the stated objectives
- The materials handouts and exercises helped me understand better
- My overall rating of the training is

Needs Improvement	Fair	Good	Excellent
①	②	③	④
①	②	③	④
①	②	③	④
①	②	③	④
①	②	③	④
①	②	③	④
①	②	③	④

**Additional Comments/Questions** \_\_\_\_\_

\_\_\_\_\_

**We value your feedback and appreciate you taking the time to complete this evaluation. Thank you!!**