



43300

SOUTHEAST AIDS TRAINING AND EDUCATION CENTER EVALUATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	#	# # #

To create your unique ID number, use the month of your birth, the day of your birth, and the last four digits of your social security number. For example, May 29, 123-45-6789 : the ID number is 05 29 6789.

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Date (mm/dd/yy)				

Title _____	City/State: _____	1=Poor ... 5=Excellent				
		1	2	3	4	5
Please evaluate the following, marking only <u>one</u> response per question.						
1. Your knowledge/skills on this topic before the training		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Your knowledge/skills on this topic after the training		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Your overall rating of the training		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The appropriateness of the room as a learning environment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The extent to which the learning environment stimulated idea exchange		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The choice of the facility		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The extent to which the training met your learning needs		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The extent to which the objectives fit the overall purpose of the training		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The relevance of the training to your work		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Objectives for this training are listed below. Please rate the extent to which these objectives were achieved.						
Objective 1 _____		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Objective 2 _____		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Objective 3 _____		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Objective 4 _____		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Presenter Evaluation	Presenter 1	Presenter 2	Presenter 3
Please rate each presenter on the following areas:	1=Poor ... 5=Excellent N/A=Not Applicable	1=Poor ... 5=Excellent N/A=Not Applicable	1=Poor ... 5=Excellent N/A=Not Applicable
	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
1. Clarity and organization of the presentation	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
2. Knowledge of the subject(s)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
3. Responsiveness to participant concerns and questions	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
4. Effectiveness of teaching	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
5. Time used to cover material	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
6. Training materials - slides, handouts and notebooks	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

Will the skills and information that you learned in this training in any way change how you work with HIV/AIDS patients?

Yes If yes, how? _____

No If no, please explain _____

N/A

Please tell us what was most helpful about this training _____

Please tell us what was least helpful about this training _____

Please list any other HIV training needs that you have _____

PLEASE USE THE BACK OF THIS FORM IF ADDITIONAL SPACE IS NEEDED. THANK YOU!

Rev. 09/02

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GNA Program #				

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EVENT Program # (same as on PR)							