

## SOUTHEAST AIDS TRAINING AND EDUCATION CENTER EVALUATION

43300							
To create your unique ID number of your birth, and the last four digner For example, May 29, 123-45-67	gits of your social security	number.	/	dd/yy	<u>/</u> [		
Title City/State:				1=Poor 5=Excellen			
			1	2	3	4	5
Please evaluate the following, marking only one response per question.  1. Your knowledge/skills on this topic before the training  2. Your knowledge/skills on this topic after the training  3. Your overall rating of the training			000		000		000
<ul><li>4. The appropriateness of the room as a learning environment</li><li>5. The extent to which the learning environment stimulated idea exchange</li><li>6. The choice of the facility</li></ul>			_	000	000	000	000
<ol> <li>The extent to which the training met your learning needs</li> <li>The extent to which the objectives fit the overall purpose of the training</li> <li>The relevance of the training to your work</li> <li>Objectives for this training are listed below. Please rate the extent to which these</li> </ol>				000	0	0	0
objectives for this training are listed below. Please rate the extent to which these objectives were achieved.							
Objective 1				0	0	0	0
Objective 2				0	0	0	0
Objective 3				0	0	0	0
Objective 4				0	0	0	0
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				ole
	1 2 3 4 5 N/A	1 2 3 4 5 N/A	-	2 3			√A/A
<ol> <li>Clarity and organization of the presentation</li> <li>Knowledge of the subject(s)</li> <li>Responsiveness to participant concerns and questions</li> </ol>	00000	00000	00000				
<ul><li>4. Effectiveness of teaching</li><li>5. Time used to cover material</li><li>6. Training materials - slides, handouts and notebooks</li></ul>	00000	00000	00000				$\overline{}$
Will the skills and information that you learned in this training  O Yes If yes, how?	g in any way change	how you work with HI	V/AI[	OS p			
<ul><li>○ No If no, please explain</li><li>○ N/A</li></ul>				<del></del>			
Please tell us what was <u>mos</u> t helpful about this training							
Please tell us what was <u>least</u> 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 #

EVENT Program # (same as on PR)