

Training Evaluation Form URIS Group B Health Care Needs

Please complete this form to provide the nurse with feedback on the training session.

Date of training session		
Name of community program		
URIS Group B health care needs included in training session	<input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Cardiac Condition	<input type="checkbox"/> Diabetes <input type="checkbox"/> Osteogenesis Imperfecta <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Lorazepam (for seizure disorder) <input type="checkbox"/> Steroid Dependent Conditions

Rate the following statements.	Yes	No	Uncertain
I feel confident in my ability to perform interventions that are required for the child in my care (e.g., administer EpiPen®).			
I feel confident in my ability to identify signs of emergency situations and respond appropriately.			
I know where the child(ren)'s health care plans are located and will access them, if required.			

Questions

Comments