

Matrix Model of Outpatient Treatment

TRAINING EVALUATION

Date: _____

Faculty: _____

Please use the following key to answer questions. You may comment below each one.

1 = Not Applicable 2 = Absolutely Not 3 = Probably Not 4 = Uncertain 5 = Somewhat 6 = Absolutely

1 2 3 4 5 6 Was the Training useful?

1 2 3 4 5 6 Did the course expand your knowledge in this topic?

1 2 3 4 5 6 Was the material relevant to your professional activities?

1 2 3 4 5 6 Did the instructor(s) know the subject area?

1 2 3 4 5 6 Was (were) the instructor(s) well prepared?

1 2 3 4 5 6 Was (were) the instructor(s) attentive to questions?

1 2 3 4 5 6 Was the facility (lighting, room layout, temperature, furniture) adequate?

1 2 3 4 5 6 If a test was given, did it match the information presented in the class?

What did you find most important to you in this presentation?

If you could change one thing about the training, what would it be (i.e., too lengthy, too short, too much material)?

How would you rate the overall value of the presentation?

Check one

Poor

Fair

Good

Very Good

Excellent

Your name: _____
(optional)

Your Credential #: _____
(Only if CEUs/CEHs are being provided)

May we contact you for additional feedback? Yes / No