Please take a few minutes to share your feedback on this event. Your feedback will enable us to plan for future events and improve our activities and materials. We thank you in advance for your participation.

**Section I. Representation**

1. Please check the role(s) that best describe your current function within the HPTN?

[ ]  Site Community Educator [ ]  CAB Representative [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II. Overall Experience**

1. Please use the 5-point scale below and rate the training on the following items. (Circle one number for each item.)

|  |
| --- |
| **Rating Scale: 5=Very Good 4=Good 3=Fair 2=Poor 1=Very Poor** |
| **Content** | **5** | **4** | **3** | **2** | **1** |
| **Organization** | **5** | **4** | **3** | **2** | **1** |
| **Design of learning activities** | **5** | **4** | **3** | **2** | **1** |
| **Created interest in the topic** | **5** | **4** | **3** | **2** | **1** |
| **Involvement of participants** | **5** | **4** | **3** | **2** | **1** |
| **Opportunities for practice** | **5** | **4** | **3** | **2** | **1** |
| **Pace of delivery** | **5** | **4** | **3** | **2** | **1** |
| **Training materials/participant handouts** | **5** | **4** | **3** | **2** | **1** |
| **General overall impression** | **5** | **4** | **3** | **2** | **1** |
| **Usefulness of subject matter for me *professionally*** | **5** | **4** | **3** | **2** | **1** |
| **Usefulness of subject matter for me *personally*** | **5** | **4** | **3** | **2** | **1** |

**Section III. Your Personal Experience- Summary Questions**

1. What was the MOST valuable experience you had or information you received during this workshop?
2. What was the LEAST valuable experience you had or information you received during this workshop?
3. Please comment on what additional knowledge and skills training is needed for you or others at your site?
4. If you could CHANGE ONE THING, what would you ask us to do differently?
5. Additional Comments: