Stakeholder Engagement Toolkit for HIV Prevention Trials

Orientation to the Toolkit and Practice for Selected Tasks in Step 4 and Step 7 WORKSHOP EVALUATION FORM

Day/Month/Year

	•	feedback on this event. Your f aterials. We thank you in adva	eedback will enable us to plan for future nce for your participation.
Section I. Rep	resentation		
1. Please	check the role(s) that best	t describe your current function	on within the HPTN?
Site	e 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=Goo	d 3=Fa	air 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

ctior	ill. 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 <u>LEAST</u> 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: