

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

Day/Month/Year

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 <i>professionally</i>	5	4	3	2	1
Usefulness of subject matter for me <i>personally</i>	5	4	3	2	1

