

Training & Education Evaluation Survey

To determine if this session adequately met your needs, we would appreciate if you would take a few moments to complete this questionnaire. Your comments will assist us to make improvements to future sessions.

Session Title:			
Participant Name: <i>(optional)</i>			
Date:		Time:	
Venue:			
Presenter:			
Q1	How would you rate the content of the education session?		
	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very Dissatisfied
Q2	Were your questions answered clearly?		
	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Q3	Were the aims and objectives of the session clearly explained to you?		
	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Q4	Were you able to apply theory to practice through discussions and tutorials?		
	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Q5	Do you understand more about the subject then before?		
	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Q6	Will you be able to share your learning with your colleagues?		
	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Q7	Will this information assist you with your work/responsibilities?		
	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Q8	Do you have any suggestions for improving the session and/or content?		
	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Q9	Would any other topics interest you?		
	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Q10	Is there any other information you would like us to know?		

Thank you for completing this survey. Your comments are important and are valued.