Program Evaluation

For each item, please circle the number that indicates the degree to which the following attributes were met using the scale below.

5=Almost Always  4=Frequently  3=Occasionally  2=Seldom  1=Almost Never

1. Handouts/teaching aids were helpful and well organized.  5  4  3  2  1
2. There was enough time to cover all material.  5  4  3  2  1
3. Ideas were communicated clearly.  5  4  3  2  1
4. Presenter(s) gave personal attention to participants when necessary.  5  4  3  2  1
5. Questions were answered to my satisfaction.  5  4  3  2  1
6. Presenter(s) exhibited enthusiasm and competence in the subject.  5  4  3  2  1
7. I would recommend this program to other co-workers/colleagues who also need TB education and skin test training.  5  4  3  2  1

8. Please provide any additional comments you have regarding the strengths/weaknesses of the program.
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_____________________________________________________________________________________
_____________________________________________________________________________________

9. What changes would you make to the program?
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_____________________________________________________________________________________
_____________________________________________________________________________________

10. How will this course assist you in your job?
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_____________________________________________________________________________________
_____________________________________________________________________________________

11. What further TB training do you need (if any)?
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