

Needs Assessment Form

The following survey will help develop and focus the content of the training entitled _____ in a way that best meets the learning needs of the participants. Please complete this form and return to _____ by ___/___/____. **The date, time, and location of the training will be announced at a later time.**

Please rate your level of expertise in the areas listed below.

Topic	Expertise				
	No Expertise		High Expertise		
Epidemiology/Etiology of TB	1	2	3	4	5
Transmission of TB	1	2	3	4	5
Pathogenesis of TB	1	2	3	4	5
Targeted Skin Testing	1	2	3	4	5
Treating Latent TB Infection	1	2	3	4	5
Diagnosis of TB	1	2	3	4	5
Treatment of TB Disease	1	2	3	4	5
BCG Vaccine	1	2	3	4	5
Mantoux TST Administration	1	2	3	4	5
Mantoux TST Interpretation	1	2	3	4	5

TB = Tuberculosis

BCG = Bacille Calmette-Guérin (BCG)

TST = Tuberculin skin test

Please feel free to make any additional comments in the space below.