



TRAINING EVALUATION

Title of Program: Diabetes Training (DT)

Location:

Date: **Time: 9:00 p.m. – 4:00 p.m.**

Trainer(s): Arden R. Gregory RN, Ph.D., CDDN

Thank you for participating in this training program. Please complete the following evaluation questions. Your responses will help us to know if we are meeting your needs. Your responses will help us plan future training.

DIRECTIONS: Please rate your level of agreement with each of the following statements. Five is the highest level of agreement.

Content and Process	NA	Agree					Disagree				
1. Main objectives were clear.	0	5	4	3	2	1					
2. Training was well organized.	0	5	4	3	2	1					
3. Training was well paced.	0	5	4	3	2	1					
4. Training gave me enough opportunity to apply the skills	0	5	4	3	2	1					
5. Training material will help me on the job.	0	5	4	3	2	1					
6. Materials provided in an alternative format (e.g., Braille, interpreter), if applicable.	0	5	4	3	2	1					

Specific Course Content

The following objectives were achieved. I now know:

7. how to determine incidence of Diabetes	0	5	4	3	2	1				
8. what Diabetic risk factors are	0	5	4	3	2	1				
9. the possible causes of Diabetes	0	5	4	3	2	1				
10. Diabetic pathology	0	5	4	3	2	1				
11. the complications of Diabetes	0	5	4	3	2	1				
12. the Diabetic medication mechanisms	0	5	4	3	2	1				
13. how diet and exercise can be used to minimize Diabetic issues	0	5	4	3	2	1				

Presenter Skills

14. Presenter was knowledgeable about the subject	0	5	4	3	2	1				
15. Presenter was well prepared	0	5	4	3	2	1				
16. Presenter communicated well	0	5	4	3	2	1				
17. Presenter held my interest	0	5	4	3	2	1				

(Over Please)

Logistic Arrangements

NA *Agree* *Disagree*

18. The facility was accessible.	0	5	4	3	2	1
19. I would recommend these facilities be use again.	0	5	4	3	2	1
20. Registration flowed smoothly.	0	5	4	3	2	1

Overall Program

21. I will be able to apply what I learned to my work.	0	5	4	3	2	1
22. This training program met my expectations.	0	5	4	3	2	1

Comments:

Major strengths of training program:

My greatest challenge in implementing the skills/procedures taught in this course will be:

I recommend the following be modified in this training program:

Additional Comments:

(OPTIONAL)

Name: _____ **Job Title** _____
(Please print) (Please Print)

Thank you for your feedback!