

Training Evaluation Form 2023-24

Date: _____

Topic/Session: _____

Group/Department: _____

Zone: _____

Site/Building: _____

Role

Administrative Assistant	Clerical	Clinical Clerk
Dietitian	Housekeeping	Maintenance
Manager	Mental Health Worker	Nurse
Occupational Therapist	Pedorthist/Orthotist	Pharmacist
Physician	Physiotherapist	Psychologist
Public Health Worker	Recreation Therapist	Researcher
Resident	Social Worker	Other (specify below)

Specify: _____

Evaluation Questions



	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
The content of this session met my expectations	☐	☐	☐	☐	☐
The content was organized and easy to follow	☐	☐	☐	☐	☐
The presenter was knowledgeable	☐	☐	☐	☐	☐
There was enough time for questions	☐	☐	☐	☐	☐
I am likely to use some of the information from this presentation	☐	☐	☐	☐	☐

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Was any of the material presented new to you?	Yes, totally new ☐	Yes, somewhat new ☐	No, nothing new ☐
How did you find the pace of the session?	Just right ☐	Too fast ☐	Too slow ☐
What did you think of the quantity of information presented?	Just right ☐	Too much ☐	Too little ☐
What format was the session you attended? ☐ In person ☐ Online			
Was the content suited to the format of the session (in person or online)?			
What would you like to see added, dropped or changed?			
How did you hear about this session? ☐ Co-worker ☐ Email ☐ Library brochure ☐ Library website ☐ Nova Scotia Health website ☐ Intranet ☐ Other (specify below)			
Other comments, suggestions:			