



# REACH Telehealth Training Evaluation Form

Training title: \_\_\_\_\_

Date(s): \_\_\_\_\_

Trainer/Presenter: \_\_\_\_\_

Please list your Site: \_\_\_\_\_

Circle One:

Speech Language Pathologist

Case Manager

Occupational Therapist

Social Worker

Physical Therapist

Medical Doctor

Psychologist

Registered Nurse

Developmental Specialist

Administration Personnel

Service Coordinator

Other \_\_\_\_\_

Please evaluate the training by rating items 1 through 4 and writing your comments on items 5 through 7.

1. To what extent were the objectives of this training clear to you?

Low 1 2 3 4 5 High

2. To what extent were the objectives of the training achieved?

Low 1 2 3 4 5 High

3. How relevant was this training to your needs?

Low 1 2 3 4 5 High

4. How effective was the trainer?

Low 1 2 3 4 5 High

5. Name a major strength and a major weakness of the training:

6. What other topics and/or trainings would you be interested in?

7. Comments: