

## Workshop Evaluation

<b>Session Title:</b> Safe Client Handling and Injury Prevention Program (SCHIPP)	
<b>Date:</b>	<b>Workshop Site:</b>
<b>Facilitator:</b>	

- Participant Work Area (check one):**     Management/Administration     Clerical/Administrative Support
- |                                         |                                                 |                                               |                                                  |
|-----------------------------------------|-------------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Acute Nursing  | <input type="checkbox"/> Acute Health Care Aide | <input type="checkbox"/> Public Health Nurse  | <input type="checkbox"/> Mental Health Clinician |
| <input type="checkbox"/> PCH Nursing    | <input type="checkbox"/> PCH Health Care Aide   | <input type="checkbox"/> Direct Service Nurse | <input type="checkbox"/> Home Care Attendant     |
| <input type="checkbox"/> Rehab Services | <input type="checkbox"/> Education              | <input type="checkbox"/> Health Promotion     | <input type="checkbox"/> Support Services        |
| <input type="checkbox"/> EMS            | <input type="checkbox"/> Home Care Coordinator  | <input type="checkbox"/> Student _____        | <input type="checkbox"/> Other                   |

1 Represents Very Dissatisfied & 5 Very Satisfied	RATING				
	Very Dissatisfied	Moderately Dissatisfied	Indifferent	Moderately Satisfied	Very Satisfied
	1	2	3	4	5
The workshop objectives were clearly stated.					
Suitability of learning methods (i.e.; lecture, group discussion, audio/video material).					
Facilitator's knowledge of workshop topic.					
Delivery style and involvement of facilitator.					
Adequacy of classroom facilities.					
Usefulness of session content in relation to your needs and expectations.					
Your confidence in applying information from the workshop.					

**Comments:**

**NOTE:** If you have further comments that you wish to share please contact Dean Forster at [dforster@southernhealth.ca](mailto:dforster@southernhealth.ca)