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| **Session Title:** | |
| **Date:** | **Workshop Site:** |
| **Facilitator:** | |

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| **Participant Work Area (check one):** | | Management/Administration | | | | Clerical/Administrative Support | | | | |
| Acute Nursing  PCH Nursing | Acute Health Care Aide  PCH Health Care Aide | | Mental Health Clinician  Direct Service Nurse | | | | | Public Health Nurse  Health Promotion | | |
| Support Services | Education | | Home Care Attendant | | | | | Other | | |
|  | | | | RATING | | | | | | |
| 1 Represents Very Dissatisfied & **5 Very Satisfied** | | | | VeryDissatisfied | Moderately Dissatisfied | | Indifferent | | Moderately Satisfied | VerySatisfied |
|  | | | | 1 | 2 | | 3 | | 4 | 5 |
| The workshop objectives were clearly stated. | | | |  |  | |  | |  |  |
| Quality/appropriateness of handout materials. | | | |  |  | |  | |  |  |
| 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. | | | |  |  | |  | |  |  |

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| **What content was of most value for you?** |
| **Suggestions for improvement to this education session.** |
| **Suggestions for other workshop topics for your work or personal needs.** |

**NOTE: If you have further comments that you wish to share please contact Kim Dyck at 1 (204) 822-2652 or email kdyck@southernhealth.ca**