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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** | Very Dissatisfied | Moderately Dissatisfied | Indifferent | Moderately Satisfied | Very Satisfied |
|  | 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**