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**National Healthy Homes Training Center and Network**

***Healthy Homes for Inspectors* Course**

**Course Evaluation Survey**

Your input is critical in determining how this course may impact your work and how the course might be improved.

**1. My overall evaluation of the course is:**  [ ]  excellent [ ]  good [ ]  fair [ ]  poor

1. **Circle "yes" or "no" for the following items:**
	1. Did the program meet your expectations? YES NO
	2. Would you recommend this program to a colleague? YES NO
	3. Was the content of this course relevant to your job? YES NO
	4. Was there enough time for discussion and questions? YES NO

**3. To what extent did the program meet the course objectives?**

 [ ]  completely [ ]  much of it [ ]  only some [ ]  not at all

1. **Can you incorporate concepts learned during the course into your daily work right away?**

 [ ]  yes [ ]  much of it [ ]  only some [ ]  not at all

If not at all, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Scale:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Excellent****5** | **Good****4** | **Average****3** | **Below Average****2** | **Poor****1** |

1. **Overall quality of presentations: Please circle number (Scale above)**

 a. Clarity of presentation 5 4 3 2 1

 b. Relates material to problems & issues in my practice 5 4 3 2 1

 c. Questions and discussion 5 4 3 2 1

 d. Case studies and exercises 5 4 3 2 1

 e. Audio-visual aids 5 4 3 2 1

 f. Additional comments:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Overall quality of facilities. Please circle number (Scale above)**

 a. Instructional facilities 5 4 3 2 1

 b. Meals/breaks 5 4 3 2 1

 c. Ease of registration 5 4 3 2 1

 d. Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Individual Faculty Evaluation. Rate the presenters using the scale below. Circle your response.**

 Name of Presenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 a. Well-prepared 5 4 3 2 1

 b. Knowledgeable 5 4 3 2 1

 c. Enthusiastic 5 4 3 2 1

 d. Easy to Understand 5 4 3 2 1

 e. Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Presenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 a. Well-prepared 5 4 3 2 1

 b. Knowledgeable 5 4 3 2 1

 c. Enthusiastic 5 4 3 2 1

 d. Easy to Understand 5 4 3 2 1

 e. Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. What additional info do you need to help you in your work?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**9. What did you like best about the course?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**10. What did you like least about the course?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**11. What issues should have been covered that were not? \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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