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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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