

Organization's  
Logo

**Final Training Course Evaluation**  
**(Course Name)**  
**(Date of course)**  
**(Organization providing training)**

**Instructions to Participant:**

Thank you for participating in this ISTC training. In this feedback form, there are no WRONG or RIGHT answers. You do not need to put your name on this form – your responses are anonymous. Please respond to ALL the questions below to help us to improve the curriculum, training materials, and the conduct of the training.

Indicate below, on which days you attended this training (check all that apply)

Day 1 \_\_\_\_ Day 2 \_\_\_\_ Day 3 \_\_\_\_

**For each item below, please circle only a single appropriate response.**

	<u>RESPONSE</u>		
	NOT AT ALL	SOMEWHAT	VERY MUCH
1. The training was well organized.	0	1	2
2. The training sessions were relevant to my needs.	0	1	2
3. The presenters were well prepared.	0	1	2
4. The presenters were receptive to participant comments and questions.	0	1	2
5. The exercises helped me to learn the material.	0	1	2
6. There was enough time to cover all materials.	0	1	2
7. The training enhanced my knowledge and skills in TB prevention, care and control.	0	1	2
8. I expect to use the knowledge and skills gained from this training.	0	1	2
9. The evaluation forms were simple to use.	0	1	2
10. The training facilities were adequate.	0	1	2
11. I would recommend this training course to a colleague.	0	1	2

**Self-Assessment of Learning:** think about what you already knew and what you learned during this training about tuberculosis. Then evaluate your knowledge in each of the following topic areas **Before and After** this training.

**1 = No knowledge or skills**

**3 = Some knowledge or skills**

**5 = A lot of knowledge or skills**

[illegible]

**Please reflect on the training that you just completed and respond to the following:**

1. What part of the training was the **most useful** for your work?
  
  
  
  
  
  
  
  
  
  
2. What part of the training was the **least useful** for your work?
  
  
  
  
  
  
  
  
  
  
3. Please list three ideas or lessons that you learned during this training that you will take back to your worksite/practice.
  - a.
  
  
  
  
  
  
  
  - b.
  
  
  
  
  
  
  
  - c.
  
  
  
  
  
  
  
  
  
  
4. What information/topics should be added to this training?
  
  
  
  
  
  
  
  
  
  
5. The technical level of the material covered in the workshop was: (circle one)

Too basic	Just right	Too difficult/too technical
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6. How could the course be improved?
  
  
  
  
  
  
  
  
  
  
7. Other comments:

***Thank you for completing this form!***