Form Approved

OMB Form No. 0917-0036-15

Expiration Date: 5/31/2015

Indian Health Service (IHS)

Community Health Representatives (CHR)

Basic Training and Refresher Training Evaluation

Please provide feedback below so we can improve the quality of the CHR trainings. Where a scale is indicated (1 to 5) to rate, please use 5 as the highest, best or most, and 1 is the lowest, least, or worst . Thank you.

1. **Please rate the facilities (room size, seating, audio-visual, etc.) for the training sessions.**

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| 1 | 2 | 3 | 4 | 5 |

1. **Looking back, how would you rate your knowledge and skills before the training?**

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| 1 | 2 | 3 | 4 | 5 |

1. **Now that you have attended the training, how do you rate your knowledge and skills?**

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| 1 | 2 | 3 | 4 | 5 |

1. **Given your increased knowledge, do you feel capable and confident to act on this knowledge?**

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| 1 | 2 | 3 | 4 | 5 |

1. **How likely is it that you will change any personal behaviors/lifestyles as a result of this training?**

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| 1 | 2 | 3 | 4 | 5 |

1. **List two things (such as a new project, reporting services, use of data, improvement techniques, etc.) that you will use in your work as a result of this training.**
2. **What did you like best and least about the training?**
3. **Please evaluate the speakers:**

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| Name of Speaker **(as listed in the agenda)** | **Expertise of Speaker** | | | | |  | **Appropriate teaching**  **strategies** | | | | |
| **1** | **2** | **3** | **4** | **5** | **1** | **2** | **3** | **4** | **5** |
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Other comments:

OPTIONAL: Please provide your name and email/phone contact information if you’d like a response to your comments above from the IHS HQ CHR Program.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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