

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.

1 2 3 4 5

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

1 2 3 4 5

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

1 2 3 4 5

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

1 2 3 4 5

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

1 2 3 4 5

6. 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.

7. What did you like best and least about the training?

Name: _____
Email: _____
Phone: _____

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