

CDC Ebola Treatment Units Training Evaluation; Day 2

Date: _____

Circle the number, which represents your response to each item, and include any specific comments.

<i>Ebola and Clinical Care Part II - Lecture</i>									
5-Agree	4-Somewhat Agree	3-Neutral	2-Somewhat Disagree	1-Disagree	NA-Not Applicable				
The training objectives were met.				5	4	3	2	1	NA
My personal learning objectives were met.				5	4	3	2	1	NA
The content was organized and easy to follow.				5	4	3	2	1	NA
The time allotted for the training was sufficient.				5	4	3	2	1	NA
The visual aids and/or examples provided were helpful.				5	4	3	2	1	NA
After completion of this exercise, I feel confident in performing the steps performed in this exercise.				5	4	3	2	1	NA
<p><u>Session Comments:</u> Please include feedback including observations about missing resources or visual aids, any repetitions in content, etc.</p>									
<i>Patient Triage - Table Top Exercise</i>									
5-Agree	4-Somewhat Agree	3-Neutral	2-Somewhat Disagree	1-Disagree	NA-Not Applicable				
The training objectives were met.				5	4	3	2	1	NA
My personal learning objectives were met.				5	4	3	2	1	NA
The content was organized and easy to follow.				5	4	3	2	1	NA
The time allotted for the training was sufficient.				5	4	3	2	1	NA
The visual aids and/or examples provided were helpful.				5	4	3	2	1	NA
After completion of this presentation, I feel confident in my ability to explain the key points of the material to others.				5	4	3	2	1	NA

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D74, Atlanta, Georgia 30333; ATTN: PRA (0920-1026)

Session Comments: Please include feedback including observations about missing resources or visual aids, any repetitions in content, etc.

Disinfection and Waste Management - Lecture

5-Agree	4-Somewhat Agree	3-Neutral	2-Somewhat Disagree	1-Disagree	NA-Not Applicable				
				5	4	3	2	1	NA
				5	4	3	2	1	NA
				5	4	3	2	1	NA
				5	4	3	2	1	NA
				5	4	3	2	1	NA
				5	4	3	2	1	NA

Session Comments: Please include feedback including observations about missing resources or visual aids, any repetitions in content, etc.

Staff Health and Support - Lecture

5-Agree	4-Somewhat Agree	3-Neutral	2-Somewhat Disagree	1-Disagree	NA-Not Applicable				
				5	4	3	2	1	NA
				5	4	3	2	1	NA
				5	4	3	2	1	NA
				5	4	3	2	1	NA
				5	4	3	2	1	NA
				5	4	3	2	1	NA

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Session Comments: Please include feedback including observations about missing resources or visual aids, any repetitions in content, etc.

PPE/Cleaning, Disinfection, and Waste Management - Practical Exercise

	5-Agree	4-Somewhat Agree	3-Neutral	2-Somewhat Disagree	1-Disagree	NA-Not Applicable
The training objectives were met.	5	4	3	2	1	NA
My personal learning objectives were met.	5	4	3	2	1	NA
The content was organized and easy to follow.	5	4	3	2	1	NA
The time allotted for the training was sufficient.	5	4	3	2	1	NA
The visual aids and/or examples provided were helpful.	5	4	3	2	1	NA
After completion of this presentation, I feel confident in my ability to explain the key points of the material to others.	5	4	3	2	1	NA

Session Comments: Please include feedback including observations about missing resources or visual aids, any repetitions in content, etc.

Returning Responder Session II - Evening Discussion

	5-Agree	4-Somewhat Agree	3-Neutral	2-Somewhat Disagree	1-Disagree	NA-Not Applicable
The training objectives were met.	5	4	3	2	1	NA
My personal learning objectives were met.	5	4	3	2	1	NA
The content was organized and easy to follow.	5	4	3	2	1	NA
The time allotted for the training was sufficient.	5	4	3	2	1	NA
The visual aids and/or examples provided were helpful.	5	4	3	2	1	NA

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After completion of this presentation, I feel confident in my ability to explain the key points of the material to others.

5 4 3 2 1 NA

Session Comments: Please include feedback including observations about missing resources or visual aids, any repetitions in content, etc.

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