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**OBGYN FASD-SBI Event Evaluation**

**Speaker:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Event Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We’re interested in your thoughts about this training/ presentation.

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| --- | --- | --- | --- | --- | --- |
| ***To what extent do you agree with the following statements? (Select ONE number/response for each.)*** | *Strongly disagree* | *Disagree* | *Neutral* | *Agree* | *Strongly Agree* |
| 1. The speaker/training was knowledgeable about the content. | 1 | 2 | 3 | 4 | 5 |
| 2. The speaker/training explained concepts clearly. | 1 | 2 | 3 | 4 | 5 |
| 3. The training was presented in culturally competent, sensitive manner. | 1 | 2 | 3 | 4 | 5 |
| 4. The content related to the learning objectives. | 1 | 2 | 3 | 4 | 5 |
| 5. The content was appropriate for the audience. | 1 | 2 | 3 | 4 | 5 |
| 6. Visual aids, handouts, and other media clarified content. | 1 | 2 | 3 | 4 | 5 |
| 7. This content will be useful to me professionally. | 1 | 2 | 3 | 4 | 5 |
| 8. I would attend/complete another training on the topic. | 1 | 2 | 3 | 4 | 5 |
| 9. I would recommend this training to others. | 1 | 2 | 3 | 4 | 5 |
| **10. Overall, the training met my expectations.** | 1 | 2 | 3 | 4 | 5 |

11. What did you find most valuable/useful about the training?

12. How could this training be improved?

**Thanks for your participation and feedback!**