

OBGYN FASD-SBI Event Evaluation

Speaker: _____ Event Date: _____

Event Title: _____

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

To what extent do you agree with the following statements? (Select ONE number/response for each.)	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
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!