

2015 IHS CHR NET Plenary Evaluation Form

(Title of Plenary Session and Speaker Name(s) GO HERE and will be included prior to online survey release)

1. Please rate the following areas:

	Poor	Fair	Good	Very Good	Excellent
The presenter was knowledgeable about the subject.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information presented was clear and easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter was organized and prepared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The session goals listed in the program booklet were met by the presenter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My knowledge has increased after attending the session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can use this information in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My personal behavior/lifestyle will change as a result of this session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. My knowledge, skills or abilities have been improved as a result of this session (check all that apply):

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Supervision	<input type="checkbox"/> Monitoring Patients
<input type="checkbox"/> Evaluation	<input type="checkbox"/> Role of IHS	<input type="checkbox"/> CHR Role Identification
<input type="checkbox"/> Administration	<input type="checkbox"/> Collaboration	<input type="checkbox"/> Program Development
<input type="checkbox"/> Leadership	<input type="checkbox"/> Communication	<input type="checkbox"/> Monitoring Patients
<input type="checkbox"/> Access to Care	<input type="checkbox"/> Patient Care	<input type="checkbox"/> CHR Role Identification

3. Please describe the most important thing you learned at this session, how you intend to use it in your work or life, and how you will share it with others who did not attend this session; or feel free to make any other comments.

1. I am attending the training as a(n):

- ☐ Tribal Employee
- ☐ Urban Employee
- ☐ IHS Employee
- ☐ Other Federal Employee
- ☐ Contractor
- ☐ Other (please specify):

2. How did you learn about the training? (Check all that apply):

- ☐ CHR Program Website
- ☐ Email
- ☐ Colleague
- ☐ Listserv
- ☐ U.S. Postal Mail
- ☐ Fax
- ☐ Search Engine

3. How did you register for the meeting?

- ☐ Online Registration
- ☐ Fax Registration
- ☐ Onsite
- ☐ Registration

4. The process to register was:

- ☐ Easy
- ☐ Okay
- ☐ Hard

5. The training website was:

- ☐ Useful and easy to navigate
- ☐ Not that helpful and hard to navigate
- ☐ Not applicable

6. The final program booklet was:

- ☐ Well organized and easy to use

- ☐ Fragmented and hard to use
- ☐ About right

7. The staff in the registration area was:

- ☐ Pleasant and helpful
- ☐ Unpleasant and not helpful
- ☐ Okay

8. Overall, the meeting session topics presented were:

- ☐ Relevant to my job
- ☐ Not relevant to my job

9. The sessions were:

- ☐ Too long
- ☐ Just about right
- ☐ Too short

10. The general session topics and speakers were:

- ☐ Appropriate and informative
- ☐ Inappropriate and unhelpful

11. The general sessions were:

- ☐ Too long
- ☐ Just about right
- ☐ Too short

12. Overall, the meeting exhibitors/vendors were:

- ☐ Appropriate and informative
- ☐ Inappropriate and unhelpful

13. I had opportunities to network

- ☐ Yes
- ☐ No

14. The meeting theme and design were:

- ☐ Culturally appropriate and conveyed the importance of CHRs

- ☐ Culturally questionable and disregarded the importance of CHRs
- ☐ Somewhere in-between

15. What did you like best about the meeting?

16. What did you like least about this meeting?

17. The meeting signs were:

- ☐ Adequate and helpful
- ☐ Need work for next time

18. Overall, the size and seating of session rooms were:

- ☐ Appropriate and comfortable
- ☐ Needed improvement

19. Overall, the meeting facilities were:

- ☐ Satisfactory
- ☐ Unsatisfactory

20. What specific ways could the meeting be improved?

21. List at least one item you would like to see produced, completed or addressed by the IHS HQ CHR program by the next national meeting.

22. Optional: If you would like a direct response from the CHR Meeting Planning Committee, please feel free to provide your name, employer, and contact information (phone, e-mail, address):

Thanks for helping us identify ways to improve training efforts!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 8 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.