**Session Feedback Form**

Thank you for attending **[webinar session number and title here]** of the 2024 Infection Prevention and Control Webinar Training Series hosted by the Indian Health Service. We value your feedback!

Please take a few minutes to document your training experience. Results will not be published but will inform future webinar series design, content, and delivery.

1. **How many years of experience do you have working in healthcare?**

* Less than 1 year
* 1-5 years
* 6-10 years
* 11-15 years
* 16-20 years
* More than 20 years

1. **Select the option that best describes your organization type:**

* IHS Facility
* IHS Area office
* IHS Headquarters
* Tribal Facility
* Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Rate your knowledge (or skill) level on [core objective of webinar session here] before participating in this breakout session?**

* Not at all knowledgeable or skilled
* Slightly knowledgeable or skilled
* Moderately knowledgeable or skilled
* Very knowledgeable or skilled
* Extremely knowledgeable or skilled

1. **Rate your knowledge (or skill) level on the [core objective of webinar session here] after participating in the training?**

* Not at all knowledgeable or skilled
* Slightly knowledgeable or skilled
* Moderately knowledgeable or skilled
* Very knowledgeable or skilled
* Extremely knowledgeable or skilled

1. **In your opinion,** **[webinar session number and title here] meet its objectives?**

|  |  |  |
| --- | --- | --- |
| **Objective:**  *Participants of this training will learn how to-* | *Yes, this objective was met.* | *No, this objective was met.* |
| List session objectives here |  |  |
| List session objectives here |  |  |
| List session objectives here |  |  |

1. **Do you feel [webinar session number and title here] increased your ability to successfully apply the infection prevention and control practices within your facility and/or network?**

* Yes
* No

1. **Rate the quality of the content *(e.g., data, graphics, examples, etc.)* presented in [webinar session number and title here]:**

* Very Poor
* Below Average
* Average
* Above Average
* Excellent

1. **Was [webinar session number and title here] presented in a manner that was culturally and linguistically appropriate *(e.g., plain language, culturally relevant, etc.)*?**

* Yes
* No

1. **Do you feel the audience was adequately engaged (e.g., polls, discussions, etc.) throughout [webinar session number and title here]?**

* Yes
* No

1. **Rate your overall satisfaction of [webinar session number and title here] speaker/facilitator, [webinar speaker/facilitator name and credentials]:**

* Very dissatisfied
* Dissatisfied
* Neutral
* Satisfied
* Very Satisfied

1. **Rate your overall experience with [webinar session number and title here]:**

* Excellent
* Very Good
* Good
* Fair
* Poor

1. **List any other general feedback you’d like to share with the speaker. Be sure to include any key recommendations to improve the content, session, or speaker performance.**