

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 Results will not be published but will inform future webinar series design, content, and delivery.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
2. **Select the option that best describes your organization type:**
 - ☐ IHS Facility
 - ☐ IHS Area office
 - ☐ IHS Headquarters
 - ☐ Tribal Facility
 - ☐ Other, please describe: _____
3. **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
4. **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
5. **In your opinion, [\[webinar session number and title here\]](#) meet its objectives?**

Objective: <i>Participants of this training will learn how to-</i>	<i>Yes, this objective was met.</i>	<i>No, this objective was met.</i>
List session objectives here	0	0
List session objectives here	0	0
List session objectives here	0	0

Public reporting burden of this collection of information is estimated to average 12 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 H21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-1050

6. **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
7. **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
8. **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
9. **Do you feel the audience was adequately engaged (e.g., polls, discussions, etc.) throughout [webinar session number and title here]?**
 - ☐ Yes
 - ☐ No
10. **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
11. **Rate your overall experience with [webinar session number and title here]:**
 - ☐ Excellent
 - ☐ Very Good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
12. **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.**