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| **Satisfaction/ Reaction Measurement** | | | | | | | |
| Using This Worksheet: Sample questions, formats and response categories are provided below. These are examples only, and are meant to suggest questions that can be adapted to the specific learning and change goal objectives of your training program. While different question formats are suggested and grouped around the key categories of satisfaction/reaction measurement (curriculum, faculty, logistics, overall satisfaction) not all of the possible domains of satisfaction measurement are listed under each format (i.e., a sample of questions in each format is provided but that sample is not exhaustive of all of the items that could be tapped by that question format). | | | | | | | |
| **Satisfaction with Training Program Curriculum** | | | | | | | |
| Please circle the number that most closely represents how you feel about the training program's curriculum and presentations. | | | | | | | |
| Stimulating | 6 5 4 3 2 1 | | | Boring | | Comments? | |
| Well conducted | 6 5 4 3 2 1 | | | Poorly Conducted | | Comments? | |
| Challenging | 6 5 4 3 2 1 | | | Too Basic | | Comments? | |
| Good opportunities for discussion | 6 5 4 3 2 1 | | | Limited opportunities for discussion | | Comments? | |
| Well-Paced | 6 5 4 3 2 1 | | | Too Condensed | | Comments? | |
| Good use of Time | 6 5 4 3 2 1 | | | Poor use of Time | | Comments? | |
| Useful to my Work | 6 5 4 3 2 1 | | | Not Useful to my Work | | Comments? | |
| Relevant to my Work | 6 5 4 3 2 1 | | | Not Relevant to my Work | | Comments? | |
| Useful to Systems Change Efforts | 6 5 4 3 2 1 | | | Not Useful to Systems Change Efforts | | Comments? | |
| Relevant to Systems Change Efforts | 6 5 4 3 2 1 | | | Not Relevant to Systems Change Efforts | | Comments? | |
| Please rate the following aspects of the training program. | | | | | | | |
| Opportunities to Interact with other Participants | Excellent Good Adequate Needs Improvement Poor | | | | | Why do you say that? Please explain. | |
| Quality of Materials Provided | Excellent Good Adequate Needs Improvement Poor | | | | | Why do you say that? Please explain. | |
| Program's Balance between Plenaries, Workshops and Discussion Sections | Excellent Good Adequate Needs Improvement Poor | | | | | Why do you say that? Please explain. | |
| Course Content | Excellent Good Adequate Needs Improvement Poor | | | | | Why do you say that? Please explain. | |
| Please rate your level of agreement or disagreement with the following statements about the content of this training program's curriculum. | | | | | | | |
| The difficulty level was about right | | Strongly Disagree 1 2 3 4 5 Strongly Agree | | | | | Comments? |
| I can apply the information to my practice/ role | | Strongly Disagree 1 2 3 4 5 Strongly Agree | | | | | Comments? |
| The program met my professional educational needs | | Strongly Disagree 1 2 3 4 5 Strongly Agree | | | | | Comments? |
| The practical activities and exercises were very effective | | Strongly Disagree 1 2 3 4 5 Strongly Agree | | | | | Comments? |
| **Satisfaction with Training Program Administration and Delivery** | | | | | | | |
| To what extent were materials necessary to the program provided to you prior to the program? | | | | | | | |
| Fully 5 4 3 2 1 Not at All | | | Comments? | | | | |
| How would you rate the training venue (the overall location for the training)? | | | | | | | |
| Excellent 5 4 3 2 1 Poor | | | If you rated the venue as a 3, 2 or 1, why do you feel that way? | | | | |
| How would you rate the training or workshop rooms? | | | | | | | |
| Very Comfortable 5 4 3 2 1 Very Uncomfortable | | | If you rated the rooms as a 3, 2 or 1, why do you feel that way? | | | | |
| How would you rate the training service (breaks, refreshments, meals)? | | | | | | | |
| Excellent 5 4 3 2 1 Poor | | | If you rated the training service as a 3, 2 or 1, why do you feel that way? | | | | |
| How would you rate the training registration process? | | | | | | | |
| Excellent 5 4 3 2 1 Poor | | | If you rated the registration process as a 3, 2 or 1, why do you feel that way? | | | | |
| How would you rate the training program staff? | | | | | | | |
| Very Helpful 5 4 3 2 1 Not at all Helpful | | | If you rated the training staff with a 3, 2 or 1, why do you feel that way? | | | | |
| If you were given the task of implementing, revising or adjusting this training program, what would you change if anything? | | | | | | | |
| **Satisfaction with Faculty/ Faculty Quality and Competencies** | | | | | | | |
| How would you rate [insert faculty/presenter] on the following items: | | | | | | | |
| Ability to communicate key concepts | | Excellent 5 4 3 2 1 Poor | | | | | |
| Ability to interest participants in the topic | | Excellent 5 4 3 2 1 Poor | | | | | |
| Please indicate your level of agreement or disagreement with the following statements about the faculty/ presenter [Insert specific workshop and faculty] | | | | | | | |
| Clearly described what to expect from the presentation | | Totally Agree Somewhat Agree Somewhat Disagree Totally Disagree | | | | | |
| Used effective examples and illustrations | | Totally Agree Somewhat Agree Somewhat Disagree Totally Disagree | | | | | |
| Connected concepts to my everyday practice/role | | Totally Agree Somewhat Agree Somewhat Disagree Totally Disagree | | | | | |
| Used Powerpoint effectively | | Totally Agree Somewhat Agree Somewhat Disagree Totally Disagree N/A | | | | | |
| Handled questions from the audience well | | Totally Agree Somewhat Agree Somewhat Disagree Totally Disagree | | | | | |
| Provided handouts that were relevant to the presentation | | Totally Agree Somewhat Agree Somewhat Disagree Totally Disagree N/A | | | | | |
| Used time allotted for the session effectively | | Totally Agree Somewhat Agree Somewhat Disagree Totally Disagree | | | | | |
| Broke up lecture with discussion at appropriate points | | Totally Agree Somewhat Agree Somewhat Disagree Totally Disagree | | | | | |
| Gauged level of knowledge or experience and adjusted presentation accordingly | | Totally Agree Somewhat Agree Somewhat Disagree Totally Disagree | | | | | |
| Presentation and interaction was culturally appropriate | | Totally Agree Somewhat Agree Somewhat Disagree Totally Disagree | | | | | |
| Please rate [insert faculty name/ presenter] on the following dimensions: | | | | | | | |
| Knowledge of the Subject | | Very Effective 5 4 3 2 1 Not at all Effective | | | | | |
| Organization of the Session | | Very Effective 5 4 3 2 1 Not at all Effective | | | | | |
| Style and Delivery | | Very Effective 5 4 3 2 1 Not at all Effective | | | | | |
| Responsiveness to Questions | | Very Effective 5 4 3 2 1 Not at all Effective | | | | | |
| Creating a Good Learning Environment | | Very Effective 5 4 3 2 1 Not at all Effective | | | | | |
| In what specific areas do you think [insert faculty/trainer] could improve their presentation? | | | | | | | |
| **Overall Satisfaction** | | | | | | | |
| What aspects of your training experience were particularly positive? | | | | | | | |
| What aspects of your training experience could be improved? | | | | |  | | |
| Would you recommend this training program to your colleagues? | | | | | | | |
| Yes No | | Why do you say that? Please explain. | | | | | |
| Please indicate your level of agreement or disagreement with the following statements. | | | | | | | |
| Overall, I was very satisfied with the training program. | | Strongly Agree Agree Neutral Disagree Strongly Disagree | | | | | |
| I would recommend this training program to someone else. | | Strongly Agree Agree Neutral Disagree Strongly Disagree | | | | | |
| In your opinion, to what extent have the training program objectives been achieved? | | | | | | | |
| Fully 5 4 3 2 1 Not at All | | If you provided a rating of 3, 2 or 1 why do you feel that way? | | | | | |
| To what extent have your personal objectives for this training been achieved? | | | | | | | |
| Fully 5 4 3 2 1 Not at All | | If you provided a rating of 3, 2 or 1 why do you feel that way? | | | | | |
| What is your overall rating of this training program? | | | | | | | |
| Excellent 5 4 3 2 1 Poor | | If you provided a rating of 3, 2 or 1 why do you feel that way? | | | | | |
| What were the three greatest strengths of this training program? | | | | | | | |

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| Knowledge/ Skill Acquisition Measurement | |
| Using This Worksheet: Sample questions, formats and response categories are provided below. These are examples only, and are meant to suggest questions that can be adapted to the specific learning and change goal objectives of your training program. While different question formats are suggested and grouped not all of the possible domains of knowledge/ skill acquisition measurement are listed under each format (i.e., a sample of questions in each format is provided but that sample is not exhaustive of all of the items that could be tapped by that question format). Since these questions reflect self-reports of learning acquisition, additional measures should be implemented to determine that learning has occurred (e.g., pre and post training examination of relevant knowledge, skills, etc.). | |
| Extent of Learning | |
| How would you rate your ability before and after the training to … | |
| **Ability to [INSERT SPECIFIC SKILL OBJECTIVE]** | Low Medium High Does Not Apply |
| Before the Training | 1 2 3 4 5 9 |
| After the Training | 1 2 3 4 5 9 |
| **Ability to [INSERT SPECIFIC SKILL OBJECTIVE]** | Low Medium High Does Not Apply |
| Before the Training | 1 2 3 4 5 9 |
| After the Training | 1 2 3 4 5 9 |
| **Overall knowledge of the topics covered in this training** | Low Medium High Does Not Apply |
| Before the Training | 1 2 3 4 5 9 |
| After the Training | 1 2 3 4 5 9 |
| **Please rate your current (pre-training) knowledge on [insert specific topic/issue]** | very knowledgeable and skilled  moderate knowledge and skills  little knowledge and few skills  no knowledge and skills |
| **What obstacles to your being able to improve/ handle/ reduce/ implement/ do a better job at [insert specific topic/issue)** | Check all that apply:  Lack concrete tools/ strategies;  Don't know enough about [topic];  Don't believe it is my role or responsibility;  Don't know how to start;  Other (please explain) |
| Please review the following list of topics and give some thought to what you currently know about each one. Circle the number that best reflects your knowledge before the training. | |
| Insert List of Topics | Low 1 2 3 4 5 High |
| **Please rate your current knowledge (post-training) on [insert specific topic/issue]** | very knowledgeable and skilled  moderate knowledge and skills  little knowledge and few skills  no knowledge and skills |
| Please review the following list of topics and give some thought to what you currently know about each one. Circle the number that best reflects your knowledge now, after the training. | |
| Insert List of Topics | Low 1 2 3 4 5 High |
| Did you gain specific knowledge from the training? | |
| Yes No | If yes, please give specific examples of increased knowledge. |
| Did you have specific learning goals from participating in this training? | |
| Yes No | If yes, did you accomplish those goals? Please explain. |
| To what extent do you feel prepared to inform others about [insert training topic or content area] as a result of attending this training? | |
| Not at all Prepared  Somewhat Prepared  Well Prepared | If you do not feel prepared, please briefly explain why not. |
| Was there anything you did not understand from the training program sessions? Please be as specific as possible. | |
| To what extent did the training program duplicate material you had previously learned or already knew? | |
| What new things did you learn from the training program? | |
| What are the three most important things you learned from this training? | |
| What is the most valuable thing you learned from the training program? | |
| What did you not learn from the training program that you expected to learn? | |
| **Application of Learning** | |
| What did you learn from this training program that you anticipate using in your daily work? | |
| Please describe one strategy you learned as a result of this training that you might use to [insert change goal here]. | |
| What additional training do you feel you need in order to be able to apply what you learned to your daily work? | |

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| Behavior/ Practice Change | | | |
| Using This Worksheet: Sample questions, formats and response categories are provided below. These are examples only, and are meant to suggest questions that can be adapted to the specific learning and change goal objectives of your training program. While different question formats are suggested not all of the possible domains of behavior/ practice change measurement are listed under each format (i.e., a sample of questions in each format is provided but that sample is not exhaustive of all of the items that could be tapped by that question format). In addition, these questions are examples of the self-report of intended behavior or practice change or self-report of changes that have already occurred. In order to ascertain whether change has actually occurred, additional measurement procedures must be implemented (e.g., observation in the field, document or record review, pre- post training comparison of relevant behavior and practice). Behavior/ Practice Change assessment should also occur at intervals after the training has included in order to measure whether changes have been sustained. | | | |
| **Self-Report of Behavior and Practice Change** | | | |
| To what extent do you expect this training to make a difference in the way you do your job? | | | |
| No Difference 1 2 3 4 5 Tremendous Difference | | | Why do you say that? Please explain. |
| What strategies or practices do you intend to use as a result of what you learned at the training? Please complete the following statement: "Within the next [insert time frame, e.g. month], I intend to adopt …" | | | |
| No new strategies/practices  One new strategy/practice  Two new strategies/practices  Three or more new strategies/practices | | | If applicable, please list the new strategies or practices you intend to use. |
| What did you learn from this training program that you anticipate using to change your daily work? | | | |
| What additional assistance, if any, will you need to be able to implement what you've learned in this training to change behavior or practice? | | | |
| Will your practice change as a result of this training? | | | |
| Yes No | If Yes, please provide one example of how your practice will change. | | |
| Has your practice changed as a result of this training? | | | |
| Yes No | If Yes, please provide one example of how your practice has changed. | | |
| Have you used the knowledge or skills learned from this training to change practice? | | | |
| Yes No | If Yes, please provide examples of how your practice has changed. | | |
| Has the information obtained or knowledge gained from the training been used in systems change efforts? | | | |
| Yes No | If Yes, please provide examples of how it has been used in systems change efforts. | | |
| Has the information obtained or knowledge gained from the training been used to improve systems' collaboration? | | | |
| Yes No | If Yes, please provide examples of how it has been used to improve collaboration. | | |
| Since the training program, to what extent have you been able to do each of the following? (Circle all that apply). | | | |
| Insert list of relevent tasks/ strategies from the training | Thought About or Discussed;  Started to Implement/Started to Apply;  Completed/ Applied/Implemented;  Not Started;  No Change-Did Before the Training Program | | |
| **Why Behavior/ Practice Change May Not Occur** | | | |
| The following are reasons offered for why people have not implemented behavior or practice change [can also insert specific task/ behavioral change objective]. Please circle all that apply to you. | | | |
| Not really interested  Don’t believe it will make a difference  Lack of support (resources)  Don't have enough time  Lack of support (from supervisors)  Not sure what to do  Don't have the skills  Other (Please specify)  Of the items you circled above, which is the most important reason? | | | |
| In your opinion, is it unlikely that the strategy or practice [can also insert specific task/ behavioral change objective] you learned at the training will be put into use in your daily work? | | | |
| Yes No | | Why is that? | |
| In your opinion, is it unlikely that the strategy or practice [can also insert specific task/ behavioral change objective] you learned at the training will be put into use in systems change efforts? | | | |
| Yes No | | Why is that? | |
| What could be done to make it easier for behaviors or practice to change? | | | |