

RAPID CARE ANALYSIS TRAINING

TRAINING EVALUATION FORM

Please take a few minutes to complete this form to provide feedback on the training.

Questions

1. Did the training session meet your objectives? (please tick)

Yes, definitely	<input type="checkbox"/>
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Yes, mostly	<input type="checkbox"/>
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Not really	<input type="checkbox"/>
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Not at all	<input type="checkbox"/>
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Please provide more details if you wish to:

2. Will the information you received in this session be useful for your work? (please tick)

Yes, definitely	<input type="checkbox"/>
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Yes, mostly	<input type="checkbox"/>
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Not really	<input type="checkbox"/>
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Not at all	<input type="checkbox"/>
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Please provide more details if you wish to:

3. What did you like most about this training?

4. What have you learned during the training? Please note any 'aha' moments.

5. Was the material used during the training sufficiently clear?

6. What aspect(s) of the training gave you the most useful insights about the RCA (it could be a session, an exercise, a discussion)?

7. Do you have any outstanding concerns or questions about the RCA?

8. What aspects of the training could be improved (in terms of content, material, level of interaction amongst participants, feedback from facilitators, and so on)?

9. Any other comments or suggestions?

Thank you!