

HEALTH HOME TRAINING

HEALTH HOME LOCATION: _____

DATE: _____

INSTRUCTOR: _____

	Very Knowledgeable	Somewhat Knowledgeable	Limited Knowledge	Not Knowledgeable
1. Please rate your overall level of knowledge of Health Homes before taking this training course.	X	X	X	X
2. Please rate your overall level of knowledge of Health Homes after taking this training course.	X	X	X	X
	Strongly Agree	Slightly Agree	Slightly Disagree	Strongly Disagree
3. The overall training experience was valuable?	X	X	X	X
4. The training experience will be useful in my work?	X	X	X	X
5. Course content was clear and easy to understand?	X	X	X	X
6. The training material gave me a clear understanding of the six Core Services?	X	X	X	X
7. The training outlined resources available to my Health Home?	X	X	X	X
8. Please rate each of the following aspects of the training instructor.				
Instructor was knowledgeable	X	X	X	X
Instructor was well organized	X	X	X	X
Instructor was well prepared	X	X	X	X
Instructor answered questions clearly	X	X	X	X
The pace at which the instructor led the Course was acceptable	X	X	X	X

9. Which topic(s) did you wish there was additional or follow-up training?

10. How could the training be improved?

NAME (Optional) _____