

Hearing Distressing Voices Simulation Training Evaluation Form

Training Date: _____ Location _____

Trainer(s): _____

1. How would you rate the content of the presentation?				
<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
2. How would you rate the presenters on clarity of presentation, knowledge level and preparation?				
<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
3. How would you rate the scope and depth of the presentation?				
<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
4. How would you rate the usefulness of the presentation to your work?				
<input type="checkbox"/> Not useful		<input type="checkbox"/> Somewhat useful		<input type="checkbox"/> Very useful
5. How would you rate the usefulness of the presentation's accompanying materials?				
<input type="checkbox"/> Did not use them		<input type="checkbox"/> Not useful		<input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful
6. Is there an agency/group you think would benefit from this training?				
7. Would you like to receive any additional technical assistance/training related to recovery? If "yes" what type of technical assistance would you like?				
Affiliation : (Please check all that apply)				
<input type="checkbox"/> Consumer/ Survivor		<input type="checkbox"/> Community Care Member		<input type="checkbox"/> Therapist
<input type="checkbox"/> Case Manager		<input type="checkbox"/> Advocate		<input type="checkbox"/> Family Member
<input type="checkbox"/> Supervisor/ Administrator		<input type="checkbox"/> Other Mental Health Provider		<input type="checkbox"/> Community Care Staff
<input type="checkbox"/> Other				
Name: (optional)				
Agency:				
Email:				

Thank you for completing this Evaluation Form.
Your feedback is important to the future efforts of the Community Care Recovery Institute.