

# NIFDI Video In-Service Evaluation

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Your name (optional): \_\_\_\_\_

Facilitator's name: \_\_\_\_\_

	Strongly Agree			Strongly Disagree		Not Applicable
1. The session was logical and well organized.	5	4	3	2	1	NA

Comments \_\_\_\_\_

\_\_\_\_\_

2. The content was useful and practical for my situation.	5	4	3	2	1	NA
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Comments \_\_\_\_\_

\_\_\_\_\_

3. The content was well presented.	5	4	3	2	1	NA
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Comments \_\_\_\_\_

\_\_\_\_\_

4. The handouts supported the video presentation.	5	4	3	2	1	NA
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Comments \_\_\_\_\_

\_\_\_\_\_

5. What are the 3 most important things (topics) you learned during this training?

\_\_\_\_\_

\_\_\_\_\_

6. What specific recommendations would you make for improvement?

\_\_\_\_\_

\_\_\_\_\_

7. What additional training would you like to receive?

\_\_\_\_\_

\_\_\_\_\_

8. Any other comments or suggestions?

\_\_\_\_\_

\_\_\_\_\_

Thank you for your feedback.

