

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.

