VISION AND HEARING SCREENING
WORKSHOP EVALUATION

☐ VISION ☐ HEARING

Location:_____ Date:_____

Trainer:_____ Assistant(s):_____

☐ Basic ☐ Recert

Instructions: Circle only one answer for each question.

1. Did you learn anything from this workshop?
   a. I acquired substantial new knowledge.
   b. I acquired a moderate amount of new knowledge.
   c. I acquired little or no new knowledge.
   d. I acquired little or no knowledge.

2. To what extent will you apply what you learned in this workshop?
   a. I will apply it.
   b. I will apply it a little.
   c. I might apply, but first I need to learn more.
   d. I will not apply it.

3. How do you rate the presenter?
   a. Excellent
   b. Good
   c. Moderate
   d. Poor

Comments:

_____

_____

_____

_____

4. I would like to make the following suggestion(s) for improving this training session:

_____

_____

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