



FACE YOUR *Health*

CHW TRAINING EVALUATION FORM

Today's Date:

For each question, please circle the number that best describes how much you agree or disagree with each statement. Your feedback will help us improve our training program.

Question	1 Strongly Disagree	2 Disagree	3 Not Sure	4 Agree	5 Strongly Agree
1. The training session was helpful.	1	2	3	4	5
2. The instructor was a good teacher.	1	2	3	4	5
3. The instructor understood the material.	1	2	3	4	5
4. There was enough time to cover all topics.	1	2	3	4	5
5. The feedback I got from the instructor was helpful.	1	2	3	4	5
6. I feel ready to lead a learning session.	1	2	3	4	5
7. I would recommend this training to other CHWs I know.	1	2	3	4	5

8. What did you like most about the training?

9. What did you like least about the training?

10. How can we make the training better?