Healthy and Sustainable Housing Initiative
Quick Observational Tool Training - Process Evaluation

Introduction

As a participant in the Quick Observational Tool training, please complete this survey regarding the training session. Your feedback will be used to further enhance future trainings.

Time: It will take approximately 5 minutes to complete.

Anonymous: This survey is completely anonymous and confidential. Your answers will not be able to linked to you in any way.

Choose the Best Answer: If you should have difficulty choosing an answer for any question, please remember, it is better to choose the “best” answer than to not answer at all.

Thank you! The time you take to answer these questions is greatly appreciated!

I. Speaker Presentation
Please indicate your opinion about the presentation.

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Adequate</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
</table>

II. Training Satisfaction
Please indicate your satisfaction with the following training components.

<table>
<thead>
<tr>
<th></th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Very Dissatisfied</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Content</td>
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<tr>
<td>Training Materials</td>
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<tr>
<td>Training Format</td>
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<tr>
<td>Overall Program</td>
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</tbody>
</table>
Would you recommend this training to others? (Circle your answer)  Yes  No

III. Training Development

What aspects of this training were most helpful to you?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What aspects of this training were least helpful to you?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How can this training be improved?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

IV. Additional Comments and Recommendations

Please list any additional comments or recommendations in the space provided below:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

--- Please return this form and the signed consent form agency contact who provided the evaluation ---

If you have questions about how this evaluation was developed or may be used, you may contact
Jill Thompson at Generate Health
Email: jthompson@generatehealthstl.org
Phone: 314-680-5707

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