

**BEHAVIORAL HEALTH EMERGENCY PARTNERSHIP: OVERALL EVALUATION**

**CLASS DATE:** \_\_\_\_\_

**CLASS LOCATION:** \_\_\_\_\_

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>No Opinion</b>	<b>Agree</b>	<b>Strongly Agree</b>
1) I was personally interested/motivated to attend this training.					
2) I believe attending and completing this training was worth the effort.					
3) I am better able to do my job because of this training.					
4) The variety of presentation methods encouraged a high level of learning engagement.					
5) I am confident I will use the knowledge, awareness, and skills I learned in this training to do my job.					
6) Learning activities reinforced the classroom and eLearning portions of this training.					
7) The instructors were professional and held my attention.					
8) The instructors were prepared and demonstrated subject matter expertise.					
9) The training environment (classroom, scenario location, etc.) was free of distractions.					
10) Participation and interaction among students was encouraged.					

	<b>Highly Ineffective</b>	<b>Ineffective</b>	<b>No Opinion</b>	<b>Effective</b>	<b>Highly Effective</b>
Overall rating of the training.					
Overall rating of the course materials.					
Overall rating of the instructors.					
Overall rating of the role players.					

**COMMENTS:**