

TRAINING EVALUATION FORM

Thank you for participating in the *Iowa KidSight* volunteer training session. Please take a few minutes to complete this evaluation and leave it with the instructor. Your feedback is important to us as we seek to improve our training processes. Thank you.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Overall, I was satisfied with the training.	0	0	0	0
A Review Packet was handed out for future reference, and discussed.	0	0	0	0
The audio/visual aids were effective for learning the content.	0	0	0	0
I feel comfortable with the use and operation of the camera.	0	0	0	0
The number of 4 F's photos were adequate.	0	0	0	0

How would you rate your instructor in the following areas:

	Excellent	Good	Average	Poor
Presentation	0	0	0	0
Explanation of camera	0	0	0	0
Use of camera	0	0	0	0
Explanation of the 4 F's	0	0	0	0

Are there areas that you feel should be included, if so, what?

Do you feel the information about *Iowa KidSight* screening program was clearly explained?

What suggestion(s) do you have for improving the training session?