

EMPOWERING STROKE PREVENTION HEALTH AMBASSADOR TRAINING SESSION EVALUATION FORM

Date:	Time:	Location:
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1. Was the session presented in a way that was clearly understandable to you? I found it:

Not at all effective	1	2	3	4	5	6	7	8	9	10	Very effective
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2. Do you feel that you have gained knowledge from the session?

Somewhat	1	2	3	4	5	6	7	8	9	10	Considerable
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3. Did you feel that you had an opportunity to contribute your ideas during the session?

No opportunity	1	2	3	4	5	6	7	8	9	10	Many opportunities
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4. Were the speaker(s) informative and concise?

Not informative	1	2	3	4	5	6	7	8	9	10	Very informative
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5. Did you feel the handouts were helpful and relevant to your learning?

Not relevant	1	2	3	4	5	6	7	8	9	10	Very relevant
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6. Do you feel that you were given a clear idea of how to implement what you have learned?

Not at all	1	2	3	4	5	6	7	8	9	10	Very clear
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7. Was the facility adequate for this session?

Lighting?	Poor	Good	Very good	Excellent
Space?	Poor	Good	Very good	Excellent
Accessibility?	Poor	Good	Very good	Excellent
Temperature?	Poor	Good	Very good	Excellent
Location?	Poor	Good	Very good	Excellent

8. Were refreshments appropriate and sufficient?

Fair	Good	Very good	Other
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Comment: _____

9. What changes would you like to see made to this educational/facilitation session?

10. What I really liked about this session was:

General comments:

Many thanks for taking the time to attend this session and give us your feedback!