

National Imaging Associates – Provider Relations Training Evaluation and Feedback Form

Southern Health

Training Session/Module _____

Presenter _____

Date _____

Please check all responses that apply (For on-line form: double click the box and click “checked” then ok)

The session/module was:

- | | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Informative | <input type="checkbox"/> Too Slow | <input type="checkbox"/> Elementary | <input type="checkbox"/> Too Quiet |
| <input type="checkbox"/> Too Detailed | <input type="checkbox"/> Too Fast | <input type="checkbox"/> Advanced | <input type="checkbox"/> Too Formal |
| <input type="checkbox"/> Too General | <input type="checkbox"/> Well Paced | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Boring |

The most outstanding feature(s) of this session was: _____

I was trained on what I was expecting Yes No (please explain) _____

Improvements I suggest for this training: _____

Additional training or topics that need further reinforcement: _____

Fill in the appropriate circle

The presenter displayed knowledge of the material

The presenter was able to hold my attention

My overall rating of the presenter is

The course objectives were explained clearly

The course content matched the stated objectives

The materials handouts and exercises helped me understand better

My overall rating of the training is

Needs Improvement	Fair	Good	Excellent
①	②	③	④
①	②	③	④
①	②	③	④
①	②	③	④
①	②	③	④
①	②	③	④
①	②	③	④

Additional Comments/Questions _____

We value your feedback and appreciate you taking the time to complete this evaluation. Please fax completed form to 1-888-656-6350. Thank you!!