

Centers for Disease Control and Prevention
National Network of STD/HIV Prevention Training Centers
2014 National STD Prevention Conference
"STD 101 In A Box Workshop": June 9, 2014

EVALUATION FORM

Please complete this form and return it at the end of the program. Your feedback is important!

Name: (optional) _____

Job Title: _____ Degree: _____ (BA, RN, MPH, etc.)

Organization: _____

City: _____ State: _____ Zip Code: _____

COMMON STDs

Please circle the number that best reflects your opinion

(5 = strongly agree 3 = neutral 1 = strongly disagree)

- | | | | | | |
|--|---|---|---|---|---|
| 1. Information was practical and useful to me | 5 | 4 | 3 | 2 | 1 |
| 2. Speaker demonstrated mastery of subject | 5 | 4 | 3 | 2 | 1 |
| 3. Presentation was clear and well-organized | 5 | 4 | 3 | 2 | 1 |
| 4. Speaker was receptive to questions and discussion | 5 | 4 | 3 | 2 | 1 |
| 5. Learning objectives were met | 5 | 4 | 3 | 2 | 1 |

Comments _____

CURRENT EPIDEMIOLOGY OF SELECTED STDs

Please circle the number that best reflects your opinion

(5 = strongly agree 3 = neutral 1 = strongly disagree)

- | | | | | | |
|--|---|---|---|---|---|
| 6. Information was practical and useful to me | 5 | 4 | 3 | 2 | 1 |
| 7. Speakers demonstrated mastery of subject | 5 | 4 | 3 | 2 | 1 |
| 8. Presentation was clear and well-organized | 5 | 4 | 3 | 2 | 1 |
| 9. Speaker was receptive to questions and discussion | 5 | 4 | 3 | 2 | 1 |
| 10. Learning objectives were met | 5 | 4 | 3 | 2 | 1 |

Comments _____

SEX IN THE CITY: THE HIV/STD INTER-RELATIONSHIP

Please circle the number that best reflects your opinion
(5 = strongly agree 3 = neutral 1 = strongly disagree)

11. Information was practical and useful to me	5	4	3	2	1
12. Speakers demonstrated mastery of subject	5	4	3	2	1
13. Presentation was clear and well-organized	5	4	3	2	1
14. Speaker was receptive to questions and discussion	5	4	3	2	1
15. Learning objectives were met	5	4	3	2	1

Comments _____

EXPANDING OPPORTUNITIES FOR STD PREVENTION

Please circle the number that best reflects your opinion
(5 = strongly agree 3 = neutral 1 = strongly disagree)

16. Information was practical and useful to me	5	4	3	2	1
17. Speaker demonstrated mastery of subject	5	4	3	2	1
18. Presentation was clear and well-organized	5	4	3	2	1
19. Speaker was receptive to questions and discussion	5	4	3	2	1
20. Learning objectives were met	5	4	3	2	1

Comments _____

STATE AND LOCAL STD PREVENTION PROGRAMS

Please circle the number that best reflects your opinion
(5 = strongly agree 3 = neutral 1 = strongly disagree)

21. Information was practical and useful to me	5	4	3	2	1
22. Speakers demonstrated mastery of subject	5	4	3	2	1
23. Presentation was clear and well-organized	5	4	3	2	1
24. Speaker was receptive to questions and discussion	5	4	3	2	1
25. Learning objectives were met	5	4	3	2	1

Comments _____

OVERALL PROGRAM EVALUATION

Please circle the number that best reflects your opinion (5 = strongly agree; 3 = neutral; 1 = strongly disagree).

- | | | | | | |
|--|---|---|---|---|---|
| 1. This program met my personal objectives | 5 | 4 | 3 | 2 | 1 |
| 2. Overall, content was relevant to objectives | 5 | 4 | 3 | 2 | 1 |
| 3. The knowledge learned in this course will enhance my practice | 5 | 4 | 3 | 2 | 1 |
| 4. The question and discussion periods were well organized | 5 | 4 | 3 | 2 | 1 |

5. Will your participation in this course help you in your own work setting? If so, how?

6. Please make suggestions to improve the program:

7. What portion of this program was most helpful to you? Why?

8. What portion of this program was least helpful to you? Why?

9. Overall, how would you rate the quality of this activity and its educational content? (Please circle one)

Excellent Good Fair Poor

Thank you for completing this evaluation form!