



KentuckyPublicHealth
Prevent. Promote. Protect.

**Kentucky Department for Public Health
Office of Community Health Workers
Standard Evaluation Questions for Continuing Education**

These questions must be used as worded.
You may add additional questions that meets your needs.

Use for Live Event (In person)/Classroom/Conference

1. Enter your FIRST and LAST name plus your **CHW Certification Number** (Example: Jane Doe, **KCCHW12005073**.) **This is a requirement for contact hours to be given.**

Short answer:

2. The training met or exceeded my expectations.

- Strongly Agree Agree Neutral Disagree Strongly Disagree
3. The concepts presented will be incorporated into my practice.

- Strongly Agree Agree Neutral Disagree Strongly Disagree
4. The physical facilities were appropriate for learning to occur.

- Strongly Agree Agree Neutral Disagree Strongly Disagree
5. The objectives of the presentation, the clarity of the presentation and knowledge of the subject were all met by the presenter,

- Strongly Agree Agree Neutral Disagree Strongly Disagree
6. I found the overall methods of instruction of the presenter(s) (videos, demonstrations, PowerPoint slides) to be effective.

- Strongly Agree Agree Neutral Disagree Strongly Disagree
7. As a result of this training, I can

- Strongly Agree Agree Neutral Disagree Strongly Disagree
8. It was easy to register through the

- Strongly Agree Agree Neutral Disagree Strongly Disagree
9. The help desk or course provider was accessible.

- Strongly Agree Agree Neutral Disagree Strongly Disagree
10. Comments or suggestions for improvement and topics you would like offered in the future.
Short answer



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Use for External Content/Recorded or Live Webinar

1. Enter your FIRST and LAST name plus your **CHW Certification Number** (Example: Jane Doe, **KCCHW12005073**.) **This is a requirement for contact hours to be given.**

Short answer:

2. The training met or exceeded my expectations.

- | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| 3. The concepts presented will be incorporated into my practice. | | | | | |

- | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| 4. It was easy to navigate the webinar offering (ease of launching the program, navigating the webpage features and controlling the volume). | | | | | |

- | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| 5. The webinar format was conducive to learning. | | | | | |

- | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| 6. The objectives of the presentation, the clarity of the presentation and knowledge of the subject were all met by the presenter, | | | | | |

- | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| 7. I found the overall methods of instruction of the presenter(s) (videos, demonstrations, PowerPoint slides) to be effective. | | | | | |

- | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| 8. As a result of this training, I can | | | | | |

- | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| 9. It was easy to register through the | | | | | |

- | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| 10. The help desk or course provider was accessible. | | | | | |

- | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| 11. Comments or suggestions for improvement and topics you would like offered in the future. | | | | | |
- Short answer



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Use for Online Modules (TRAIN ONLY)

1. Enter your FIRST and LAST name plus your **CHW Certification Number** (Example: Jane Doe, **KCCHW12005073**.) **This is a requirement for contact hours to be given.**

Short answer:

2. The training met or exceeded my expectations.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. The concepts presented will be incorporated into my practice.

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. The objectives, contents and procedures were clear.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. The quality of the course content, graphics, navigation, and sound was acceptable.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. The material was presented in a clear and well-organized manner.

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. I am able to learn the material online as well as I could in a traditional classroom.

Strongly Agree Agree Neutral Disagree Strongly Disagree

8. As a result of this training, I can

Strongly Agree Agree Neutral Disagree Strongly Disagree

9. It was easy to register through the

Strongly Agree Agree Neutral Disagree Strongly Disagree

10. The help desk or course provider was accessible.

Strongly Agree Agree Neutral Disagree Strongly Disagree

11. Comments or suggestions for improvement and topics you would like offered in the future.

Short answer