

WORKSHOP EVALUATION

Shaken Baby Syndrome Prevention Training

Date: _____

Trainer(s): _____

Please evaluate this training session on a scale of 1 (Poor) to 5 (Excellent) by circling the number that represents your assessment:					
Effectiveness of content; degree to which content increased knowledge of subject	1	2	3	4	5
Effectiveness of trainer	1	2	3	4	5
Quality and usefulness of handouts	1	2	3	4	5
Usefulness of small group activities	1	2	3	4	5
Overall assessment of training session	1	2	3	4	5

In your opinion, what was the most valuable part of this training workshop?

How would you change or improve this training workshop?

Do you have any additional comments or feedback about the training that you would like to share?



Thank You!