



HIV/AIDS Training Evaluation and Learning Self Assessment

Unique ID: _____
Birth MM | Birth DD | Last 4 Digits SSN

Location: _____ Date: _____

Please provide some additional information about your patients and/or clients that you have seen over the past month. This information will help us to tailor our training programs for low- mid- and high-volume providers as well as to identify the degree to which we need to integrate co-morbid infections into our training and education. Thank you.

Total number of patients/clients you have seen in the past month: _____

Total number of patients you have seen in the past month with a diagnosis of Hepatitis C: _____

Total number of patients/clients you have seen in the past month with an STD diagnosis other than HIV/AIDS or Hepatitis C: _____

1. Please rate this training in terms of **Trainer's Expertise, Clarity, Cultural Appropriateness, Time Management, and Responsiveness** to your educational needs. Provide any additional feedback in the **Comments** section.

RATING SCALE: 1 = LOW 3 = MEDIUM 5 = HIGH

Trainer Name(s)	Expertise					Clarity					Culturally Appropriate					Time Management					Responsiveness				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

Comments:

2. Please review the following list of knowledge and skills statements and give some thought to what you knew and what you learned here today. Circle the number that best represents your knowledge and skills **before** then **after** this training.

BEFORE TRAINING					SELF-ASSESSMENT OF KNOWLEDGE AND SKILLS RELATED TO:	AFTER TRAINING				
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5

Please go to next page.

OVERALL EVALUATION OF PRESENTATION

3. Please take a moment to answer the following questions. Your comments are an **important contribution** to our designing learning experiences that meet your professional needs.

What **will you do differently** in your practice/service setting as a result of this training?



What do you feel were the **strengths** of this presentation?



What do you feel were the **weaknesses** of this presentation?



How can we **improve** this presentation?



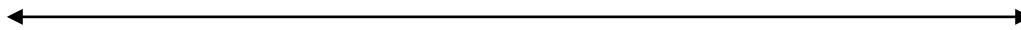
What **additional HIV/AIDS-related education** do you require?



4. Please rate the following statements using a 1 through 5 scale where:

1 = Disagree Strongly

5 = Agree Strongly



- _____ The **difficulty level** was about right.
- _____ I can easily **apply the information** in my practice/service setting.
- _____ The presentation met my professional **educational needs**.
- _____ The trainer **actively involved** me in the learning process.
- _____ As a result of this training, I feel **more confident** in my capacity to serve people with/at risk for HIV/AIDS.
- _____ As a result of this training, I am **more willing** to work directly with people with/at risk for HIV/AIDS.