

EVALUATION OF TRAINING SUMMARY

| Time Frame | Number of Educational Sessions Offered by Staff | Number of Evaluations Completed |
|----------------------------------|---|---------------------------------|
| <i>April 1 2015 to June 2015</i> | 10 | 152 |

TOPICS AND TOTAL NUMBER OF EDUCATIONALS PER TOPIC

GPA-1 • Mental Health Overview -1 • Case Management Program Overview - 2 • ASIST-1 • Virtual Dementia Tour-1 • Non-Violent Crisis Intervention (NVCi) – 2 • Responsive Behaviours - 2

| QUESTIONS | Excellent | Good | Fair | Poor |
|---|------------------|-------------|-------------|-------------|
| How would you rate the overall quality of this training/presentation? | 103 | 46 | 1 | 2 |
| The pace of the training/presentation was appropriate and well-delivered? | 101 | 46 | 5 | 0 |
| The presenter(s) were prepared and organized? | 124 | 26 | 2 | 0 |
| There was enough opportunity to ask questions? | 118 | 31 | 3 | 0 |
| My knowledge of this topic has improved? | 92 | 54 | 6 | 0 |
| This training/presentation met my expectations? | 94 | 51 | 6 | 1 |
| % TOTALS (rounded) | 78% | 21% | 1% | 0% |