

## EVALUATION OF TRAINING SUMMARY

Time Frame	Number of Educational Sessions Offered by Staff	Number of Evaluations Completed
<i>July 1 2015 to September 30 2015</i>	<b>3</b>	<b>23</b>

### TOPICS AND TOTAL NUMBER OF EDUCATIONALS PER TOPIC

Case Management Program Overview - 1 • Hygiene/Skin Training-1 • Non-Violent Crisis Intervention (Staff) – 1

<b>QUESTIONS</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
How would you rate the overall quality of this training/presentation?	12	10	1	0
The pace of the training/presentation was appropriate and well-delivered?	14	9	0	0
The presenter(s) were prepared and organized?	17	6	0	0
There was enough opportunity to ask questions?	17	6	0	0
My knowledge of this topic has improved?	8	12	2	0
This training/presentation met my expectations?	14	9	0	0
<b>% TOTALS (rounded)</b>	<b>60%</b>	<b>40%</b>	<b>0%</b>	<b>0%</b>