

EVALUATION OF ONLINE TRAINING

TOPIC: NEWBORN SCREENING PROGRAMS

Location: Online (ISDH)

Date: _____

Presenter(s): _____

1. How would you rate the value of the following areas:

	very little			a lot	
a. Newborn Screening Overview	1	2	3	4	5
b. Reporting and Responsibilities	1	2	3	4	5
c. Hearing Screening Overview	1	2	3	4	5
d. Reporting and Responsibilities	1	2	3	4	5

2. How well did the presenters know the subject? 1 2 3 4 5

3. How effective was the online training? 1 2 3 4 5

4. What did you like about the online training? _____

5. What did you not like about the online training? _____

6. Adequate time was provided for questions. 1 2 3 4 5

7. Additional comments/suggestions? _____
