# MINNESOTA DEPARTMENT OF HEALTH

# TRAINING COURSE EVALUATION

***Please answer the following questions:***

| **Date:** |  | |  | **Course Title:** | Public Health Incident Leadership | |
| --- | --- | --- | --- | --- | --- | --- |
| **Instructor(s):** | |  | | **Your Name** (optional): | |  |

Please read each statement carefully and enter the numerical rating that corresponds to your opinion. Remember to add your comments on page 2.

Number ratings correspond to the following scale:

**1 = Strongly Disagree 2 = Disagree 3 = Somewhat Agree 4 = Agree 5 = Strongly Agree**

| **Statement** | **Module 1**  ***Leadership*** | **Module 2**  ***Communication*** | **Module 3**  ***Roles, Responsibilities and Expectations*** | **Module 4**  ***Team Formation*** | **Module 5**  ***Managing***  ***the Team*** |
| --- | --- | --- | --- | --- | --- |
| 1. The instructor was prepared and effective in communicating information. |  |  |  |  |  |
| 1. The training aids and materials helped support my learning. |  |  |  |  |  |
| 1. The knowledge or skills I learned will increase my effectiveness on the job as a leader or manager and/or in a response. |  |  |  |  |  |
| 1. The session met my expectations |  |  |  |  |  |
| 1. I would recommend this session to others. |  |  |  |  |  |

| **Overall Course Rating (circle your response)** | **Poor** |  | **Fair** |  | **Excellent** |
| --- | --- | --- | --- | --- | --- |
| How would you rate the course overall? | **1** | **2** | **3** | **4** | **5** |
| Comments? What could we do to improve the content or delivery of this course? | | | | | | |
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| Suggestions for future staff development opportunities? |
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