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FAX COVER PAGE

Instructions: Please complete the attached program evaluation form and fax or email it to Alma Krcic at **212-629-3321** or akrcic@cicatelli.org

Date:

Total # of Pages:

Thank you!

PROG ID: 15095

WORKSHOP EVALUATION

Workshop Title: **Webinar: Capacity and Demand: Link to
Increasing Access to Family Planning Services**

Date: **05/11/11 - 05/11/11**

circle your answers

PLEASE RATE THE FOLLOWING ON A SCALE OF 1 (LOWEST) TO 5 (HIGHEST).

	poor	fair	good	very good	excellent
1. To what extent did the workshop meet its stated objectives:					
a. Examine the concepts of demand and capacity and how they relate to clinic operations.	1	2	3	4	5
b. Understand how to measure demand and capacity.	1	2	3	4	5
c. Examine how to utilize demand and capacity to increase access to services.	1	2	3	4	5
2. To what extent did the objectives relate to the overall purpose.	1	2	3	4	5
3. Your satisfaction with your level of participation during the workshop.	1	2	3	4	5
4. Usefulness of the instructional materials.	1	2	3	4	5
5. Degree to which this was a good learning experience.	1	2	3	4	5
6. Overall satisfaction with the workshop.	1	2	3	4	5

PLEASE RESPOND TO THE FOLLOWING:

7. The most useful part of the workshop was:

8. The least useful part of the workshop was:

9. As a result of attending this workshop, I plan to:

(over)

10. The mix of theory and skill practice at this workshop was:

Too much theory;

A good mix:

Too much practice.

11. Please rate from lowest (disagree) to highest (agree).

Kindly circle your answer for each facilitator(s) on the line indicated.

I felt the facilitator(s):

Name

Disagree

Agree

a. Knew the subject matter thoroughly.

Sue Gadon

1 2 3 4 5

b. Presented the information clearly.

Sue Gadon

1 2 3 4 5

c. Provided opportunities for participation.

Sue Gadon

1 2 3 4 5

d. Provided opportunities for questions.

Sue Gadon

1 2 3 4 5

e. Was able to hold my attention.

Sue Gadon

1 2 3 4 5

f. Extent to which the teaching methods were effective.

Sue Gadon

1 2 3 4 5

12. What changes would you recommend for improving this workshop?

13. What additional workshops would you like to attend in the future?

14. Please rate the modality used for this training program (circle one).

Poor

Adequate

Excellent

1

2

3

4

5

15. ADDITIONAL COMMENTS:

Cicatelli Associates Inc.
Anonymous Participant Demographic Form



To target our services better, we are asking all of our participants to complete the following information.

Gender Female Transgender
 Male Intersex

Age

Are you of Hispanic, Latino, or Spanish origin?
 Yes No

Race (select all that apply)
 American Indian/Alaskan Native
 Asian
 Black or African American
 Native Hawaiian/Other Pacific Islander
 White
 Other: _____

Highest level of formal education
 Less than High School Diploma Bachelor's Degree
 High School Diploma/GED Master's Degree
 Some College Doctoral Degree
 Associate's Degree

Advanced degrees and certifications (select all that apply)
 MD/DO CNA RD MPH
 PA LPN/LVN CHES MSc
 DDS RN CASAC MA
 OD NP LCSW MS
 PhD CNM LPC Other (fill in below)
 JD CNS LMHC
 CPA ACRN MSW

Primary functional role(s) (select all that apply)

<input type="radio"/> Accounting	<input type="radio"/> Medical Director
<input type="radio"/> Administrator/Supervisor	<input type="radio"/> Nutritionist
<input type="radio"/> Board Member	<input type="radio"/> Outreach Worker
<input type="radio"/> Care Provider/Clinician	<input type="radio"/> Patient Advocate/Navigator
<input type="radio"/> Case Mgmt. Technician	<input type="radio"/> Peer Educator/Advocate
<input type="radio"/> Case Manager	<input type="radio"/> Program Director
<input type="radio"/> Childcare Worker	<input type="radio"/> Program Manager/Coord.
<input type="radio"/> Clergy/Spiritual Leader	<input type="radio"/> Psychiatrist
<input type="radio"/> Community Follow-Up Worker	<input type="radio"/> Psychologist
<input type="radio"/> Counselor/Therapist	<input type="radio"/> Social Worker
<input type="radio"/> Data Manager	<input type="radio"/> Student/Graduate Student
<input type="radio"/> Epidemiologist	<input type="radio"/> Trainer/Teacher/Faculty
<input type="radio"/> Financial Manager	<input type="radio"/> Volunteer
<input type="radio"/> Health Educator	<input type="radio"/> Not Working/Not Employed
<input type="radio"/> Medical Assistant	<input type="radio"/> Other

How long have you been in your primary functional role? years

Area(s) of specialization (select all that apply)

<input type="radio"/> Adolescent Health	<input type="radio"/> Pediatrics
<input type="radio"/> CAM	<input type="radio"/> Prenatal Care/OB/Gyn
<input type="radio"/> Criminal Justice	<input type="radio"/> Primary Care
<input type="radio"/> Early Childhood	<input type="radio"/> Reproductive Health
<input type="radio"/> Education	<input type="radio"/> Research
<input type="radio"/> HIV/AIDS	<input type="radio"/> STIs/STDs
<input type="radio"/> Information Systems	<input type="radio"/> Substance Abuse
<input type="radio"/> International Health	<input type="radio"/> Tobacco Control
<input type="radio"/> Mental Health	<input type="radio"/> Violence Prevention
<input type="radio"/> Nutrition/Obesity	<input type="radio"/> Other
<input type="radio"/> Oncology/Cancer	

How long have you been in your primary area of specialization? years

Principal employment setting (select all that apply)

<input type="radio"/> Adolescent Health Center	<input type="radio"/> EMS/Police/Fire	<input type="radio"/> Homeless Shelter	<input type="radio"/> School/Educational Institution
<input type="radio"/> CBO/Community Agency	<input type="radio"/> Faith-Based Org.	<input type="radio"/> Hospice/Palliative Care	<input type="radio"/> State/Local Health Dept.
<input type="radio"/> Child Welfare Services/Foster Care	<input type="radio"/> Family Planning Agency	<input type="radio"/> Hospital or Hospital-Based Clinic	<input type="radio"/> STD Clinic
<input type="radio"/> Community/Migrant Health Ctr.	<input type="radio"/> HIV/AIDS Service Org.	<input type="radio"/> Long-Term Care Facility	<input type="radio"/> Substance Abuse Treatment Prg
<input type="radio"/> Correctional Facility	<input type="radio"/> HMO/Managed Care Org.	<input type="radio"/> Mental Health Facility	<input type="radio"/> Tribal/Indian Health Center
<input type="radio"/> Domestic Violence/Rape Crisis Ctr.	<input type="radio"/> Home Care	<input type="radio"/> Private Practice	<input type="radio"/> Other
<input type="radio"/> Early Childhood Facility			

Zip-code of your principal employment setting

Location of your principal employment setting
 Urban Suburban Rural Indian Reservation

Thank you for completing this questionnaire!

