



**Vision Screening Training  
 Evaluation Form**

**Training Date:** \_\_\_\_\_

**Home Clinic:** \_\_\_\_\_

**Note: On scale 1-4, 4 being the best, please rate the below.**

<b>TRAINING FACILITATOR</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
<b>Name:</b>				
<b>Facilitation</b>	1	2	3	4
<b>Knowledge</b>	1	2	3	4
<b>Presentation</b>	1	2	3	4
<b>Name:</b>				
<b>Facilitation</b>	1	2	3	4
<b>Knowledge</b>	1	2	3	4
<b>Presentation</b>	1	2	3	4
<b>Name:</b>				
<b>Facilitation</b>	1	2	3	4
<b>Knowledge</b>	1	2	3	4
<b>Presentation</b>	1	2	3	4
<b>TRAINING CONTENT</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>I was well informed about the objectives of this workshop</b>	1	2	3	4
<b>The training materials provided were useful</b>	1	2	3	4
<b>The contents were relevant</b>	1	2	3	4
<b>TRAINING RESULTS</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>The program met my expectations</b>	1	2	3	4
<b>I will be able to use what I learned in this training</b>	1	2	3	4

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Completion of this evaluation is needed to receive a certificate of attendance.