Workshop Evaluation

Please complete this evaluation and turn it in to your instructor. Providing this information will help improve future sessions.

Instructor Name: _________________________________________________________
Date:___________________________________________________________________
Location/Building: ________________________________________________________
City: _______________________________ State: _______________________________

Please answer the following questions:

1. Circle your affiliation:
   - EMS      - Firefighter      - Police      - Other

2. How many hours a week do you work in a first responder role:
   - 0-3 hours      - 4-8 hours      - 9-19 hours      - 20-40 hours      - 40+ hours

3. How knowledgable where you about sudden infant death syndrome before this workshop?
   - Not Very      - Somewhat      - Fairly      - Very

4. Before this workshop, how would you rate your comfort level when caring for pediatric patients?
   - Anxious      - Comfortable      - Very Comfortable

5. Before this workshop, how would you rate your comfort level when caring for families of pediatric patients?
   - Anxious      - Comfortable      - Very Comfortable

6. Has this workshop changed your attitude about sudden unexpected infant death?
   - Yes      - No

   Please Describe:_______________________________________________________
   ____________________________________________________________________

7. Do you have a family member or close friend who has suffered from a SIDS related death?
   - Yes      - No

8. On a scale of 1 to 4, where 1 is Strongly Disagree, 2 is Disagree, 3 is Agree, and 4 is Strongly Agree, please respond to the following.
a) The objectives for this workshop were clearly presented
   (1) (2) (3) (4)

b) I have learned new ideas and/or skills
   (1) (2) (3) (4)

c) The video was easy to understand and held my interest
   (1) (2) (3) (4)

d) The manual was easy to follow and a good reference
   (1) (2) (3) (4)

e) I will use the SUIDI form and instructions if/when I have
   to investigate a sudden unexplained child death.
   (1) (2) (3) (4)

f) Overall, I was favorably impressed with the workshop
   (1) (2) (3) (4)

9. What aspect(s) of the workshop did you find most helpful?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

10. What aspect(s) of the workshop did you find least helpful?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

11. Can you think of ways in which we can improve this program in the future?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Thank you for your input and consideration.

Please send completed evaluations to Attn: Prevention Through Understanding, MTSU, College of Continuing Education and Distance Learning, MTSU Box 54, Murfreesboro, TN 37132 or fax to (615) 896-7925.